

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	⇒ #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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SECRETARY OF STATE

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscqlobal.com

Date: November 3, 2016

Order#: 347940-135

Re: GRAY SKY INVESTMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: GRAY SKY INVI	ESTME	NTS, LLC		
2.	(a)	3801 Kennett Pike, Suite C200	ſŀ	o)		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Greenville DE 19807				
		01/14/2015		M150000	000364	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	C T Corporation System				
	` '	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	e:	
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	-	
					- 36 G	
		Plantation , FL_	33324	1	CRETARY O	
	(b)	Corporation Service Company				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>			dress:	OF STATE	
		1201 Hays Street				
		NEW Registered Office Address:				
					_	
		Tallahassee , FL_	32301		_	
the age wan the	cha ent w s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the of organization or the operating agreement of the law of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete pigations of my position as registered agent as provided	the regis bility co f the lim limited l Jill (stered offic ompany, it i nited liabilit liability cor Cilmi, Autho	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany. Drized Person Printed or typed name of signee Dracity. I further agree to comply with the	
10 I	nere ified	Py reflect a change in the registered office address, I had in writing of this change.	ereby co	onfirm that	the limited liability company has been	
Sig		re of Registered Agent Corporation Service Company	BY: G	race E. Ki	rby, Asst. Vice President	