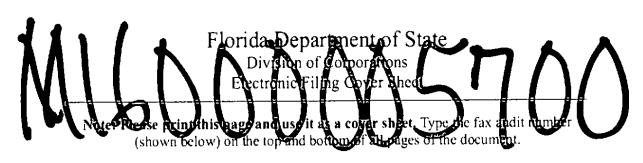
⊙ 06/17/2022 8:58 AM



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| To:   |  |
|-------|--|
|       | Division of Corporations   |
|       | Fax Number : (850)617-6383   |
| From: |  |
|       | Account Name : REGISTERED AGENT SOLUTIONS INC  |
|       | Account Number : I20100000062  |
|       | Phone : (888)705-7274  |
|       | Fax Number : (888)706-7274   |
| an    | the email address for this business entity to be used for future inual report mailings. Enter only one email address please.** |
| Επ    | ail Address:   |
|       |  |

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

JUN 17 2022

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2 of 3 وج H22000210953 3

| •  | COVER LETTER  | •                                      |             |                        |
|--|---|--|-------------|------------------------|
| TO: Registration Section Division of Corporations  |   |  |             |                        |
| SUBJECT: GRAYLAND M NO   |   |  |             |                        |
| Name (   | of Limited Liability Company  |  |             |                        |
| Dear Sir or Madam:   |   |  |             |                        |
| The enclosed Registered Agent/Registered Office  | Change and fee(s) are submitted for filing.   |  |             |                        |
| Please return all correspondence concerning this t   | matter to the following:  |  |             |                        |
| Joshua Murphy  |   |  |             |                        |
| Name of Person   |   |  |             |                        |
| Registered Agent Solutions, Inc.   |   | ************************************** | 2022 JI     | <b>;</b> ,             |
| Firm/Company   |   |  | JUH 17      | ه ا<br>سبدسیس<br>سبیسی |
| Corporate Center One, 5301 Southwest I   | Pkwy, Ste 400   | TO TOOK OF BE                          | 7 P#        | :<br>[]]               |
| Address  |   | 다.<br>다.                               | <del></del> |                        |
| Austin, TX 78735   |   | 3.00                                   | 37          |                        |
| City/State and Zip Code  |   |  |             |                        |
| E-mail address: (to be used for future annua   | l report notification)  |  |             |                        |
| For further information concerning this matter, pl   | ease call:  |  |             |                        |
| Joshua Murphy  | 888 705-7274  |  |             |                        |
| Name of Person   | Area Code & Daytime Telephone Number  |  |             |                        |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |             |                        |
| Enclosed is a check for the following a  | mount:  |  |             |                        |
| S25 Filing Fee   |   |  |             |                        |

## 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

| Name of the limited liability company:  | GRAYLAND M NO  | RTH, LLC   |   |  |  |
|---|--|--|---|--|--|
| 2. (a) 5605 GLENRIDGE DRIVE, SI   | UITE 1010 (b) 56   | (b) 5605 GLENRIDGE DRIVE, SUITE 1010                           |   |  |  |
| Principal office address of limited I  (Note: MUST BE STREET  ATLANTA, GA 303   | liability company: ADDRESS)  | npany: Mailing address of limited liability com                |   |  |  |
| 7/15/2016   |  | 600000570  | 00  |  |  |
| 3. Date of filing/registration  | in Florida 4.  | Document   | number  |  |  |
| 5. (a) BLUMBERGEXCELSIOR CO   | ORPORATE SERVICES, I   | NC.  |   |  |  |
| Registered Agent and Registered Office sho  |  | . of State:  | 2822 JUN 17   |  |  |
| TALLAHASSEE  (b) Registered Agent Solu  | , FL 32301   |  | 79 P  |  |  |
| (b) Enter name of NEW Registered Agent and  |  | <u> </u>   | က္က <del></del><br>ကို<br>ကို                                 |  |  |
| 155 Office Plaza Dr.  |  |  | 7   |  |  |
| NEW Registered Office Address:  |  |  |   |  |  |
| Suite A   |  |  | •   |  |  |
| Tallahassee   | , <sub>FL</sub> 32301  |  |   |  |  |
| If the limited liability company is not orgathe change or changes are made, the Florid agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating | la street address of the registere<br>a Florida limited liability compa<br>e of the members of the limited | d office and the b<br>my, it is hereby co<br>liability company | usiness office of the registered on firmed that the change(s) |  |  |
| /s/ Kelly D. Burton   | _  | . Burton   | Authorized Person   |  |  |
| Signature of a member or authorized representation  |  |  | yped name of signee   |  |  |
| I hereby accept the appointment as registe<br>provisions of all statutes relative to the pro<br>the obligations of my position as registered<br>to merely reflect a change in the registered                                  | anar and camplete pertarmance  | ent mozbities, and   | ( Lam Jamillar with and accept                                |  |  |

notified in writing of this change.

Mackenzie Hart, Asst Secretary

Signature of Registered Agent