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(Re	questor's Name)	
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(Ad	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Cermicates	or Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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NOV 6 2020 M. SOLOMON



5716 Corsa Ave Suite 110 Westlake Village, CA 91362

Phone: (818) 264-4266 Toll-Free: (888) 366-9552 Fax: (877) 366-9552 www.DoMyLLC.com

September 14, 2020

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Change of Registered Agent and filing fee for Greysteel Company LLC.

Property.

Check # 2384

Check Amount: \$25.00

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC Attn: Processing 5716 Corsa Ave. Suite 110 Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing@domyllc.com www.DoMyLLC.com 2820 OCT -1 PM 2: 58

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	GREYSTEEL COMPANY LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regi	istered Office Change and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Jourdan Ce	erillo
Name of Per	rson
DoMyLLC.cor	m, LLC
Firm/Compa	any
5716 Corsa Ave.	Suite 110
Address	
Westlake Village, CA	A 91362-7354
City/State and Z	Sip Code
compliance@doi	•
E-mail address: (to be used for	future annual report notification)
For further information concerning the	his matter, please call:
Jourdan Cerrillo	888-366-9552
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the	following amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Nam	ne of the limited liability company: GREYSTEEL (COMPA	NY LLC	
(a) _		(b)	
	Principal office address of limited liability company:	(Mai	ling address of limited liability company:
7	(Note: MUST BE STREET ADDRESS)			Note: MAY BE POST OFFICE BOX
-	7735 Old Georgetown Road, Suite 301		7735 Old Ge	orgetown Road, Suite 301
-	Bethesda, MD 20814	_	Bethesda, M	D 20814
0:	3/29/2019	ı	M190000038	09
	Date of filing/registration in Florida	4.	Do	cument number
(a) N	IRAI SERVICES, INC.			
	egistered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	
	200 South Pine Island Road		,	
R	egistered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
_ D	Mantation			
_	FL, FL_	33	324	, <u>, 4</u> 8
) Int	Corp Services, Inc.			
/	ter name of NEW Registered Agent and/or NEW Registered)#500 add		₩
		Strice Mile	<u>(-)</u>	25 E
17	7888 67th Court North			=
N	EW Registered Office Address:	 -	- *	2 di
Lo	oxahatchee, FL_	334	70	
will vere a ticles	ted liability company is not organized under the laws changes are made, the Florida street address of the rebe identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of of organization or the operating agreement of the limited improvement of the limited member or authorized representative of a member	ility com the limit mited lia	pany, it is her ed liability co- bility compan- roozabadi	business office of the registered eby confirmed that the change(s) mpany or as otherwise provided in y.
eby a	eccept the appointment as registered again and	to and h	Prin	ted or typed name of signee
sións oligat rely r	occept the appointment as registered agent and agree of all statutes relative to the proper and complete periods of my position as registered agent as provided felect a change in the registered office address, I he writing of this change. Staven Pickett, on behelf	to act in Informan or in Ch reby conj	this capacity. ce of my dutie. apter 605, F.S irm that the li	I further agree to comply with the s, and I am Jamiliar with and accept Or, if this document is being filed mited liability company has been
u III	Steven Pickett, on behalf of			with the many company has been