15129570210

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000421029 3)))



Note: DO	NOT hit the REFRESH/RELOAD button on your browser fro	m this page.
	Doing so will generate another cover sheet.	202
To:		P T
10.	Division of Corporations	
	Fax Number : (850)617-6383	T
From:		祭会量し
	Account Name : REGISTERED AGENT SOLUTIONS INC	Tho !
	Account Number : I20100000062	न ज
	Phone : (888)705-7274	골프 3
	Eax Number : (888)706-7274	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:	

LLC REGISTERED AGENT CHANGE GREATER SHIELD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY DEC 15 2022

, , ,

COVER LETTER

TO: Registration Section Division of Corporations

GREATER SHIELD LLC

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	s matter to the following:	
Vanessa Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest	t Pkwy, Ste 400	
Address		
Austin, TX 78735		
City/State and Zip Code		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter,	please call:	
Vanessa Castillo	at ()	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
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.

1. Na	me of the limited liability company: GREA	IER S	HIELL	LLC			
2. (a)	90 Waterbury St		_(b) P O Box 110836				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Brooklyn, NY 11206		.\	dailing address of lin (<u>Note: MAYBE P</u> (lyn, NY	OST OFF	ICE BO	•
	1/20/2021		M2100	00000714	4		
3.	Date of filing/registration in Florida	4.		Document numb	ег		
5. (a)	Blumbergexcesior Corporate Registered Agent and Registered Office shown on the record- 155 Office Plaza Drive Registered Office Address (MUST BE FLORIDA STREET 1st FL	s of the Florid	a Dept. of State			2022 DEC	<u></u>
	Tallahassee	_{EI} 323	01		\$5.T	4	
(b)	Registered Agent Solution Enternance of NEW Registered Agent and for NEW Regists 155 Office Plaza Dr. NEW Registered Office Address: Suite A	S, Inc.	dress.		GE STATE SEE, FL	2022 DEC 14 AM 11:50	ED
	Tallahassee	$_{\rm FL}$ 323	<u>01 </u>				
If the li	mited liability company is not organized under the						

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Abraham Grunhut Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Mackenzie Hart, Asst. Secretary