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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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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 Statues, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	Same of the limited liability company: Greenstay, LLC		
2. (a		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	05/29/2024	M24000	0006794
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, REGISTERED AGENTS INC		
	Registered Agent and Registered Office shown on the records of	Krata	
	7901 4TH ST N STE 300		
	Registered Office Address (MUST BE FLORIDA STREET)		
	ST PETERSBURG . FI	33702	124 JUL 15 JM 14 29
(b) <u>.</u>	Northwest Registered Agent LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		******
	St. Petersburg FI	33702	
the chagent was/w the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	Tthe registered of ability company of the limited lial Innited liability Nat Smith	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei notific	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ali in writing of this change.	performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited hability company has been
	سمرا سیک Taylor Newman - Assistant S ure of Registered Agent	ecretary	
ាជោសា	tire of registered Agent		