

PD8000074878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

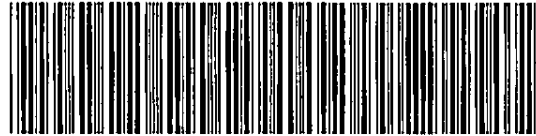
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800305086938

11/07/17--01023--023 **35.00

2017 NOV - 7 AM 10:06

NOV - 9 2017
C. MCNALLY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Graymen Group, Inc.
Name of Corporation

P08000074878
DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Gray
Name of Contact Person
Graymen Group, Inc.
Firm/Company
1306 S. Ramona Ave
Address
Indialantic, FL 32903
City/State and Zip Code
mgray@gmx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gray 407 616-3008
Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NOV-7 2011
AM 10:06

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Graymen Group, Inc.
2. The principal office address: 1306 S. Ramona Ave. Indialantic, FL 32903

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/08/2008 Document number: P08000074878

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Gray

771 Whitmire Dr

MELBOURNE, FL 32935

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Gray

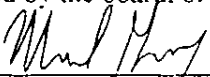
457 Montreal Ave.

Melbourne, FL 32935

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

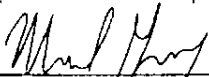


Signature of an officer or director

Michael Gray Director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

10/25/2017

Date

If signing on behalf of an entity:

Michael Gray

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

2017 NOV - 7 AM 10:00