P09000047907

(Re	equestor's Name)	
(Ac	ddress)	· .
(0.4	ddaaa)	
, (Ac	ddress)	
(Ci	ty/State/Zip/Phon	ie #)
PłCK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me) ·
(Do	ocument Number)
Certified Copies	Certificate	s of Status" <u>* ABC.</u> .
Special Instructions to	Filing Officer:	
	Office Use O	nlv



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SECRETARY OF STATE

RA CLOR C.COULLIETTE Aug 0 7 2009 EXAMINER

COVER LETTER

TO: Amendme Division of	ent Section of Corporations					
SUBJECT:	Greybeard In	ternational, Inc.				
DOCUMENT N	JMBER:F	209000047907				
The enclosed State	ement of Change of Registered (Office/Agent and fee are submit	tted for filing.			
Please return all co	orrespondence concerning this n	natter to the following:				
	Ran	dy Carstens of Contact Person				
	Name o	of Contact Person	.			
	Fir	m/Company				
	6620 Altura Place					
		Address	.			
	Boca R City/Sta	aton, FL 33433 ate and Zip Code				
-	debran E-mail address: (to be used	n97@aol.com for future annual report notif	ication)			
For further inform	ation concerning this matter, ple	ease call:				
	Randy Carstens	at (206-7659			
Na	me of Contact Person	Area Code & Dayti	206-7659 me Telephone Number			
Enclosed is a \$35.	00 check made payable to the D	Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Se	ection			
	Division of Corporation P.O. Box 6327	ns Division of Co Clifton Buildin	-			
	Tallahassee, FL 32314		e Center Circle			

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo under the laws of the Sta agent, or both, in the Sta	ate of Florida
1. The name of t	he corporation: Greyb	eard Internation	onal, Inc.	
	office address: 6620 A			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	6/1/2009	_ Document number:	P09000047907
	I street address of the cur tment of State: (If resign	-	and registered office on	file with the
	Bryan W. Bauman			
	11820 NW 37 Stre	et		
	Coral Springs, FL 3	33065		
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or register	red office AHA
	Randy Carstens	/···· · · · · · · · · · · · ·		CO CONTRACTOR OF THE PERSON OF
	6620 Altura Place			
	Boca Raton, FL 33	P.O. Box NOT acc	epiable	SIAI FORM
The street addre	· · · · · · · · · · · · · · · · · · ·		ress of the business office	ce of its registered agent,
Such change va authorized by th	as authorized by resoluti ne board, or the corporat	on duly adopted by ion has been notific	its board of directors or ed in writing of the chan	by an officer so ge.
Signatur	re of an officer or director		Randy C	
I hereby accept I further agree to of my duties, an document is bei	the appointment as rea	sions of all statutes d accept the obligat t a change in the re	gree to act in this capaci relative to the proper a ion of my position as reg gistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
1			7/29/2	:009
	half of an entity:		Date	

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