I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. GRAYSON

Electronic Signature of Signing Officer/Director Detail

## FEI Number: 59-3735258 Name and Address of Current Registered Agent:

GRAYSON, JOHN M 118-B SALEM CT TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: GRAYSON ACCOUNTING & CONSULTING, P.A.

### Office

Title	D	Title	DIRECTOR
Name	GRAYSON, JOHN M	Name	GRAYSON, CASSANDRA J
Address	2143 DORAL DRIVE	Address	PO BOX 12774
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32317

	Electronic Signature of Registered Agent			
er/Director Detail :				
	D	Title	DIRECTOR	
	GRAYSON, JOHN M	Name	GRAYSON, CASSANDRA J	
22	2143 DORAL DRIVE	Address	PO BOX 12774	

Certificate of Status Desired: No

FILED May 01, 2017 Secretary of State CC9236100425

Date

**Current Principal Place of Business:** 118-B SALEM CT TALLAHASSEE, FL 32301

PO BOX 12774 TALLAHASSEE, FL 32317

# **Current Mailing Address:**

DOCUMENT# P01000076722

PRESIDENT

05/01/2017

Date