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

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

Officer/Director Detail :

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

DOCUMENT# P01000076722

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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

118-B SALEM CT TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 12774 TALLAHASSEE, FL 32317

FEI Number: 59-3735258

DIRECTOR

Date

Date

FILED May 01, 2019 Secretary of State 7180891140CC

Certificate of Status Desired: No

05/01/2019