

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

......

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Fax: 18134365206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE **GRACE INTEGRITY LLC**

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May 05, 2025 01:10- To: -18506176383 Page: 2/2 Fax: 18134365206

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

I. N	Same of the limited liability company: GRACE INTEG	RITY 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 BOX)
	12/04/2020		00380291
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of 2894 REMINGTON GREEN LANE	the Florida Dept.	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE A	PER TI	
	TAŁLAHASSEE FI	32308	TILE P
(b	REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW Registered 7901 4TH ST N		FLORIDE
	NEW Registered Office Address:	•	-
	STE 300	,,,,	
	ST. PETERSBURG	33702	
chang agent was/v the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the 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	registered offi ability company of the limited li limited liabilit	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
<u> </u>	ature of a member or authorized representative of a member	Robin Jon	Printed or typed name of signee
I her provis the of to me notific	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act in this performance o d for in Chapté hereby confirm	**
	wid Navid Roberts ure of Registered Agent		
- Signal	me oraxegoveren argem		