NO6 0000000204

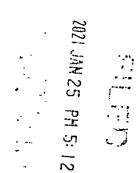
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400358671484

01/25/21--01017--001 **35.00



MAR 0 9 2021 S. YOUNG

COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: GROWING ANGELS INC.	•
Name of Corporation	
DOCUMENT NUMBER: N06000000204	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sheneal Simmons	
Name of Contact Person	
United Agent Services	
Firm/Company	
221 N Broad St	
Address	
Middletown, DE 19709	
City/State and Zip Code	
compliance@unitedagents	ervices.com
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	please call;
Sheneal Simmons	at (302 \ \)894-7717
Name of Contact Person	at (302)894-7717 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of ir to change its registered office or registered agent, or both, in the State of Florida	
T. The name of	the corporation: GROWING ANGELS INC.	
	office address: 13530 SW 267 ST., HOMESTEAD, FL 33032	
3. The mailing :	address (if different):	
4. Date of incor	poration/qualification: 01/06/2006 Document number: N0600000020	4
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	ALI, TINA	
	13530 SW 267 ST.	20
	HOMESTEAD, FL 33032	2021 JAH
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	14 25 PM
	UNITED AGENT SERVICES LLC	ů ≅
	9100 Conroy Windermere Rd #200-UAS	12
	P.O. Box NOT acceptable Windermere, FL 34786	
The street addr	ess of its registered office and the street address of the business office of its regi	stered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	er so
	Curt Brown, Authorized Agent	
**	ire of an officer or director Printed or typed name and tille	
I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete ad I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address. I hereby con s been notified in writing of this change 1/15/21 Date	performance it. Or, if this firm that the
	chalf of an entity:	
Sheneal Simme	ons	
1	Typed or Printed Name	

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