F14000002464

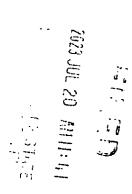
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ĉi	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(00	ocument Number)	
Certified Copies	Certificates c	of Status
· 		
Special Instructions to Filin	ng Officer:	
		:

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 878300 8418830						
AUTHORIZATION :						
COST LIMIT : \$ 35.00 Cost						
ORDER DATE : July 17, 2023						
ORDER TIME : 1:17 PM						
ORDER NO. : 878300-010 .						
CUSTOMER NO: 8418830						
CHANGE OF AGENT						
NAME: GRACE SCHOOLS						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland-sorenson						

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation o	0.0502, 0.07 , $0.$	N	is ———
1. The name of	the corporation: GRACE SCHOOLS	INC.		
	office address: 1 Lancer Way Winor			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/06/2014	Document number: F140000)02464	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file wit signed)	h the	201
	C T CORPORATION SYSTEM		·	23 JI
	1200 SOUTH PINE ISLAND ROA	D		JL 20
	PLANTATION	FL 33324		≥ .
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered offi	ice	= .
	Corporation Service Company			
	1201 Hays Street			
	Pe	D, Box NOT acceptable		
	Tallahassee	FL 32301		
The street addreas changed will	ess of its registered office and the st l be identical.	reet address of the business office of its	registere	d agent.
Such change w authorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an on notified in writing of the change.	officer so	
Xie	2 april	Jill Cilmi, Vice President		
ignatu		Printed or typed name and titl	e	
I further agree of my duties, ar document is bei corporation ha	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change to s been notified in writing of this cha n Service Company	nt and agree to act in this capacity, statutes relative to the proper and compobligation of my position as registered in the registered office address, I herebyinge.	plete perfa ' agent. O v confirm	ormance or if this that the
By: 🏌	traine of Registered Macrit	07/20/2023		
_		Date		
II signing on be	chalf of an entity:			
	Asst. Vice President			
l	•	* CUE. 635 00 * * *		
	" " " FILING	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)