

**FL** Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet **20240003245**

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : FIRST COAST CORPORATE SERVICES  
Account Number : I20240000035  
Phone : (904)490-0391  
Fax Number : (706)310-8269

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**\*\*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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**REGISTERED AGENT CHANGE  
GRANITE HEALTHCARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

215

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GRANITE HEALTHCARE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F20000003293

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashton Villegas

Name of Contact Person

Firm/Company

PO Box 23788

Address

Overland Park, KS 66283

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashton Villegas

Name of Contact Person

at ( 855 ) 236-9172

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NV in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GRANITE HEALTHCARE, INC.

2. The principal office address: 1675 E RIVERSIDE DR STE 150, EAGLE, ID 83616

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/20/2020 Document number: F20000003293

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Universal Registered Agents, Inc.  
1317 California Street  
Tallahassee, FL 32304

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Elliot M. Millan  
Signature of an officer or director

ELLIOT MCMILLAN, Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

07/09/2024  
Date

If signing on behalf of an entity:

Ashton Villegas  
Typed or Printed Name

\*\*\* 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)