Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:

LLC REGISTERED AGENT CHANGE GRONDIN LAW, LLC

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To: 18506175383 From: 12147128131 Date: 10/01/21 Time: 5:34 AM Page: 02/02

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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. Name of the limited liability company: GRONDIN LAW, LLC							
	(a)			b)			
	•	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ `	3	Mailing address of limited liability company (Note: MAYBE POST OFFICE BON)		
		2169 NOVA VILLAGE DR		2169 NO\	VA VILLAGE DR		
		DAVIE, FL 33317		DAVIE, FI	L 33317		
		10/15/2014		L14000161	1110		
ì		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
Registered Agent and Registered Office shown on the records of the Florida Dept. of State GRONDIN, DARLA					_ e		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-			
2169 NOVA VILLAGE DR							
		DAVIE	33317		-		
		, FL			-		
	(b)						
Enter name of NEW Registered Agent and/or NEW Registered Office address					· · · · · · · · · · · · · · · · · · ·		
	4.5.0.4.4.0.0.0.0.0.4.T. 0.5.0.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			2021 OCT -1			
LEGALINC CORPORATE SERVICES INC.				- R			
	NEW Registered Office Address			\$3. T m			
5237 SUMMERLIN COMMONS BLVD. SUITE 400					- W		
FORT MYERS .FL 33907 .FL							
		FORT MYERS , FL	33907		ORI III		
ag wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	rs of the register bility e f the lir	State of Flored office and ompany, it is nited liability	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in		
		Parla Groudin	DA	RLA GRON			
:	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr the to	ovisi 2 obl mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h i in writing of this change.	ze to ac perform I for in sereby c	t in this capa ance of my a Chapter 605, onfirm that t	acity. I further agree to comply with the hities, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been		
Sı	gnatu	re of Registers d'Agent					