

L150000 43447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

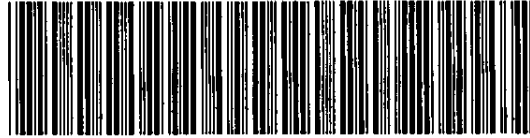
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR -4 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cristina Grace LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine S. Culvyhouse
Name of Person

Cristina Grace LLC
Firm/Company

4150 Stowe Run Lane
Address

Jacksonville, FL 32225
City/State and Zip Code

elaine.culvy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Culvyhouse at (904) 910-6157
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR -4 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 25, 2016

ELAINE S CULVYHOUSE
4150 STOWE RUN LANE
JACKSONVILLE, FL 32225

SUBJECT: CRISTINA GRACE, LLC
Ref. Number: L15000043447

We have received your document for CRISTINA GRACE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00006195

611 ED
16 APR -4 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

1. Name of the limited liability company: Cristina Grace, LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 4150 Stowe Run Lane 4150 Stowe Run Lane
Jacksonville, FL 32225 Jacksonville, FL 32225
3. 3-10-15 4. L15000043447
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Ct. A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- Tampa, FL 33612
- (b) Elaine S. Culvyhouse
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4150 Stowe Run Lane
NEW Registered Office Address:
Jacksonville, FL 32225

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Elaine S. Culvyhouse
Signature of a member or authorized representative of a member

Elaine S. Culvyhouse
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Elaine S. Culvyhouse
Signature of Registered Agent