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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE GRACE CONSTRUCTION CONSULTANTS LLC

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M. SOLOMON

NOV - 5 2024

11/5/2024 10:49:44 PST , . To. 18506176383 Page: 2/2 Fax: 8134365206

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.	Na	une of the limited liability company: Gra	ice Co	nstru	ction (Consultant	s, Ll	_C	
- (-	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	••	limited liability company: E POST OFFICE BOX)		
		04/12/16			L16000072064				
3.		Date of filing/registration in Florid	la	4.		Document number			
5. (a)	a)	Registered Agent and Registered Office shown on the	:						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						2021	
			E1				~··	2- AON 1202	ا د تقت
(t	o)	Northwest Registered Agent LLC					#### 2012 2013 2013	-5 PM	
,		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered C	Ifice addr	ess:		[] (2)	.H.	Ü
		7901 4th St N					근	2: 37	
		NEW Registered Office Address: STE 300							
		St. Petersburg	, FL_3	3702					
the cagen	ha t v we	imited liability company is not organized unonge or changes are made, the Florida street avill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the recles of organization or the operating agreem	address of the limited liab members of	he registe pility com the limit	ered office apany, it is ed liability	and the business o hereby confirmed company or as oth	ffice of that the	the reg	gistered .e(s)
		ure of a member or authorized representative of a mem		Nat	Smith				
					hia	Printed or typed name	_		iith tha
I he prov the o to me notif	rel isi ibl ere	by accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a rly reflect a change in the registered office a d'in writing of this change.	nt and agred complete p as provided address, I he	e to act n erformar for in Ch ereby con	n this capa ace of my c apter 605, firm that t	icity. I further agre luties, and I am fan , F.S. Or, if this do he limited liability	e to co niliar w cument compar	inpiy w ith and is beir iy has	nin ine l accept ng filed been

Signature of Registered Agent

Taylor Newman - Assistant Secretary