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TO: **Registration Section Division of Corporations**

Gracious Health Mart LLC SUBJECT:

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:

JENNIFER J. McCurtha

Gracious Health Mart LLC

Firm/Company

100 JeHerson Street S. Suite 200 Address

Huntsville AL 35301 City/State and Zip Code

Jennier @ Maarthakaw. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIEC J. Mc(actura at 25e) 270-4233 Name of Person Area Code & Daytime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

S55 Filing Fee & Certified Copy

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.

)	(b)		
Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>)	any:	-	ss of limited liability company: <u> <i>Y BE POST OFFICE ROX</i></u>)
4327 Salisbury Rollbly Suite	(ایچ	_	·
	<u>~·/</u>		sury Rol (blg3, Sur
Jactson ville, # 32216		JUCKSONY	Ile, FL 30216
5 312018 Date of filing/registration in Florida		L18000135	243
Date of filing/registration in Florida	4.	Document	number
1) George Sobha			
Registered Agent and Registered Office shown on the re	cords of the Florida	Dept. of State:	
Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)		
	TREET ADDRESS)		SE 202
12393 Moss Lake-Loop	TREET ADDRESS		SECRU SECRU
	<u>treet address)</u> fl_ <u>3410</u>	<u>65-23</u> 8	2021 ROV Secrety
12393 Moss Lake-Loop Trinity	. FL_ <u>3410</u>	<u>55-23</u> 8	\sim
12393 Moss Lake-Loop Trinity Corporation Service (or	.FL_3410	<u>55-23</u> 8	2021 ROV 12 P
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12393 Moss Lake-Loop TRINITY Deportation Service (or Entername of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	.FL_3410	<u>55-23</u> 8	2021 ROV 12 PH to 15 SECRETARY PARTY
12393 Moss Lake-Loop TRINITY Depotation Service (or Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	.FL_3410	<u>55-23</u> 8	2021 ROV 12 PH 14:15 SECRETARY PARTY
12393 Moss Lake-Loop TRINILY Deportation Service (or Entername of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	.FL_3410	<u>55-23</u> 8	2021 ROV 12 PH 14:15 SECRETARY PARTY
12393 Moss Lake-Loop TRINILY (Deportation Service (or Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> <u>NEW Registered Office Address:</u> <u>DI Hays Street</u>	.FL_3410	<u>55-232</u> 8	2021 ROV 12 PH to 15 SECRETARY (MARKET

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.

Suntal

Krystal Mims

Signature of a member or authorized representative of a member-

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 writingfor this change.

Weibrd, assistant via president ws

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00