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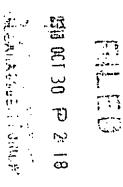
(Requestor's Name)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	FLORISE		
	Nam	e of Limited L	iability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the	following:
Darre	n Arithoppah		
	Name of Person		_
Grand	d Bay Capital		
	Firm/Company		<del></del>
2234	N. Federal Hwy #2036		
	Address		_
Boca	Raton, FL 33431		
	City/State and Zip Code		
darre	n.arithoppah@grandbaycapital.co	<sub>'</sub> m	
Е	-mail address: (to be used for future ann	ual report notif	ication)
For fur	ther information concerning this matter.	please call:	
Darre	n Arithoppah	646 at (	831-4938
	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	Re Di P.G	AILING ADDRESS: registration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	24 \$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy
INHS18	8 (2/14)		

## 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.

Name of the limited liability company: FLORISE		
1219 52nd Street	(b) 2234	N. Federal Hwy #2036
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Mangonia Park, FL 33407	Boca	Raton, FL 33431
8/26/2019	 L1900(	0212343
Date of filing/registration in Florida	4.	Document number
a) Business Filings Incorporated		
Registered Agent and Registered Office shown on the record 1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STRE	·	'State:
Plantation	, FL_33324	
Darren Arithoppah		<b>9-3</b>
Enter name of NEW Registered Agent and/or NEW Regist	tered Office address:	— 100 30 ± 100 30
NEW Registered Office Address:		
Boca Raton	. FL 33431	
e limited liability company is not organized under the change or changes are made, the Florida street address twill be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of	ss of the registered o ed liability company, ers of the limited liab f the limited liability	office and the business office of the registe , it is hereby confirmed that the change(s) bility company or as otherwise provided i

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.

Signature of Registered Agent