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## COVER LETTER

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Kath A. Goven Name of Person  Grace Cuard lars of FLA Firm/Company  **Registration**  **City/State and Zip Code  **Karhaqueen crell @ acl. carr  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  **Karla A. Goven Name of Person  **Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  **Enclosed is a check for the following amount:	TO: Registration Section Division of Corporations	
Grace Guardians of FLA Firm/Company  882 41 <sup>St</sup> Arence N  Address  St. Pefersburg FL 33 703  City/State and Zip Code  Karkagusen craib@ aol. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Karka A. Gracean at (941) 545-6470  Name of Person Area Code & Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:	SUBJECT: Grace Guardians 3 Name of Lim	FLA ited Liability Company
Please return all correspondence concerning this matter to the following:    Karla A. Gowen     Name of Person	Dear Sir or Madam:	
Name of Person  Grace Cuard terrs of FLA Firm/Company  882 41st Arence N Address  Sir Petersburg FL 33 703 City/State and Zip Code  Kark access crab and a company  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kark A. Goden at (941) 545-6470  Name of Person Area Code & Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:	The enclosed Registered Agent/Registered Office Chang	ge and fec(s) are submitted for filing.
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Address  St. Petersburg, FL 33 103 City/State and Zip Code  Karkagoven crah @ col. com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kark A. Goven at (941) 545-6470 Name of Person Area Code & Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:	Name of refson	
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City/State and Zip Code  Kark gaven end to act. care  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kark A. Gaven at (94) 545-6470  Name of Person Area Code & Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:	Firm/Company	
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Kark A. Good	Address	<del></del>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Kark A. Good	St. Petersburg FL 33703 City/State and Zip Code	<del></del>
For further information concerning this matter, please call:    Kack A. Gowen	•	
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FI. 32303	For further information concerning this matter, please ea	ill:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Karla A. Gowen at (	941 ) 545-6470 Area Code & Daytime Telephone Number
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Enclosed is a check for the following amount	
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INHS18 (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.

l. Na	me of the limited liability company;Grace Guarchic	ars of	FLA			
2. (u)	Principal office address of limited liability company: 33703		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	8.31.3019	L190	00 2136	<u>, o                                   </u>		
3.	Date of filing/registration in Florida 4.	D	ocument num	ber		
5. (a)	US. Carpation Ocyats Acc. Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:				
	5575 S. Semoran Blyd 36 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>			21	
	Orlando FL 32832			;	2020 OCT 30	
	, . FL				)CT	T
				• -	30	<del></del>
(b)	Karb A. Gewen			- 2	PH 2: 2:	1
	Enter name of NEW Registered Agent and/or NEW Registered Office add	dress:			5	J
	c st			;;,	23	
	882 41 <sup>SE</sup> Avenue N.  NEW Registered Office Address:					
	<del></del>					
	St. Petersburg FL 33703					
	, FL	<del></del>				
change agent v was/w	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability colore authorized by an affirmative vote of the members of the limitels of organization or the operating agreement of the limited l	d office and t mpany, it is h ited liability of	the business of nereby confirm company or as	ffice of the	ie regist ne chang	ered ge(s)
	Herla A. Column ture of a member or authorized representative of a member	Karl	a A. G	ower	)	
		·				
I here provisi the obl to mer notified	by accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performa igations of my position as registered agent as provided for in C Ply reflect a change in the registered office address, I hereby co I in writing of this change.	in this capac ince of my du hapter 605, l infirm that the	ity. I further a ties, and I am F.S. Or, if this e limited liabi	igree to c familiar documer lity compo	omply v with and nt is bei any has	vith the d accept ng filed been
Signatu	Karla a. Gower re of Registered Agent					