120 0000 80145

(Requestor's Name)							
(Address)							
,							
ZAJJESEN.							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Linky Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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RAROCHS

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COVER LETTER

	egistration Section Vivision of Corporations						
SUBJEC	TO THE GRAVE LLC						
.,,,,,,,,	Name of Limited Liability Company						
Dear Sir (or Madam:						
The enclo	sed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.				
Please ret	urn all correspondence concernin	g this matter to the	e following:				
Sheneal S	immons						
	Name of Person						
United Ag	gent Services						
	Firm/Company						
221 N Bro	oad St						
	Address						
Middletov	vn. DE 19709						
	City/State and Zip Co	de					
complian	re@unitedagentservices.com						
E-m	ail address: (to be used for future	annual report noti	fication)				
For furthe	er information concerning this ma	tter, please call:					
Sheneal S	immons	302 at (894-7717				
	Name of Person	\	Area Code & Daytime Telephone Number				
R [: P	Hailing Address: Registration Section Division of Corporations LO. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
F	inclosed is a check for the follow	ving amount:					
Ĩ	\$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18 (1	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.

1. N	ame of the limited liability company: TO THE GRAV	E LLC			
2. (a)		(H))		
_, ,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited lia (Note: MAY BE POST O	bility company:
	3068 SE 4TH CT		3068 SE 4	ТП СТ	
	HOMESTEAD, FL 33033 UN		HOMESTI	EAD, FL 33033 UN	
	03/12/2020		L20000080	145	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
<i>5.</i> (u)	Registered Agent and Registered Office shown on the records of GONZALEZ GARCIA, FELIPE, JR	the Florida	i Dept. of State	- e:	
	Registered Office Address	ADDRESS	<u> </u>	-	
	3068 SE 4TH CT			_	-
	HOMESTEAD	L			
	,			-	
(b)				_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:		çọ
	UNITED AGENT SERVICES LLC				
	NEW Registered Office Address:			-	
	9100 Conroy Windermere Rd #200-UAS			_	
	Windermere	34786			
	, t·l	l		_	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability co of the lim climited I	ed office and impany, it is sited liability	d the business office of s hereby confirmed that y company or as otherw ipany.	the registered the change(s)
Signa	utire of a member or authorized representative of a member			Printed or typed name of sign	gnee
provisa the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elyfreflect a change in the registered office address. I dim writing of this change.	ree to act performed for in C hereby co	in this cape ance of my a Thapter 605 mfirm that t	ncity. I further agree to huies, and I am familia , F.S. Or, if this docum the limited liability com	comply with the with and accept ent is being filed pany has been