## 120 000 126 823

(Requestor's Name)	
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
ertified Copies Certificates of Status	,
Special Instructions to Filing Officer:	1





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## COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Faith Country Group Ho Name of Limited Lia	M E bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Clutis D. Guinyard Name of Person	_
Faith Country Group Home	
7581 SE 225th Drive	_
Hawthorney FL 321040 City/State and Zip Code	_
Faith Country @ Wind Stream. net E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Curtis Guinyard at 352 Name of Person	) 219-3994 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

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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	ame of the limited liability company: Faith Cou	ntry Grow	& Home LLC	
	448 SE 18th Street	,	1 SE 335 Dn	ic
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited lia	bility company:
	Mc1864, FL 32664	Haw	thorne, FL 32	2640
		_		
	5/1/2020 Date of filing/registration in Florida	L20	000126823	
3.	- 0.0	4.	Document number	
5. (a)			_	
	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of St	rate:	
	439 SE 1St Street  Registered Office Address (MUST BE FLORIDA STREET AL	DDRFSS)	<del>.</del>	
	Registered Office Address	<u> </u>		
	Melrose , FL	32666	- SE	303
(1-)	Curtis D. Guinyard		CRE	71 L
(D)	Enter name of NEW Registered Agent and or NEW Registered O	Office address:	TAR TAR	28
	7581 SE 2254 Drive		Y OF S	AM 9: 45
	NEW Registered Office Address:			4 :6
	Haw thorn , FL	32640	_ <del>_</del>	
If the l	imited liability company is not organized under the laws	s of the State of F	florida, it is hereby confirm	med that after the
change agent v was/we	or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of	egistered office a sility company, it the limited liabil	and the business office of the is hereby confirmed that lity company or as otherw.	the registered the change(s)
the arti	icles of organization or the operating agreement of the li	mited liability co	mpany.	
Signa	ture of a member or authorized representative of a member	<u>CWYFID</u>	D. Guinyard Printed or typed hame of sig	gnee
provisi the obl to mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided i elyreflect a change in the registered office address, I he d in writing of this change.	e to act in this ca erformance of m for in Chapter 60 creby confirm tha	pacity. I further agree to y duties, and I am familiar 95, F.S. Or, if this docum at the limited liability com	comply with the with and accept ent is being filed pany has been
Signatu	tre of Registered Agent			

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