Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from the Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (8

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:								
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## NOV 28 AM 9:

## LLC REGISTERED AGENT CHANGE GRACE INTEGRITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY

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## **COVER LETTER**

TO: Registration Section Division of Corporations  Surface: Grace Integrity LLC	3
SUBJECT:	f 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 m	atter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest P	kwy. Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Mary Castillo	11 ( 888 ) 705-7274
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

15129570210

## 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: Grace Inte		
2. (a)	1000 5TH STREET	<sub>(b)</sub> 500 W	/ESTOVER DR
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	STE 200	<u>#1611</u>	3
	MIAMI BEACH, FL 33139	SANF	ORD, NC 27330
	12/4/2020	L20000	380291
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CORPORATE CREATIONS NET	WORK INC.	
J. (a)	Registered Agent and Registered Office shown on the records of the 801 US HIGHWAY 1	the Florida Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	20.
	NORTH PALM BEACH, FL	33408	ZOZZ NOV ZE SECRETARA TALLAHA
(0)	Registered Agent Solutions, Inc.		SS C
	Enter name of NEW Registered Agent and/or NEW Registered	E S	
	155 Office Plaza Dr.		9: 13 FAIE 13
	NEW Registered Office Address:		
	Suite A	***	-
	Tallahassee, FL	32301	-

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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.

/s/	Sebastian	Sauerborn	
/ .V	Jepanan	Odd G DOLL	

Sebastian Sauerborn

Authorized Signer

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 chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent