

L22000048735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

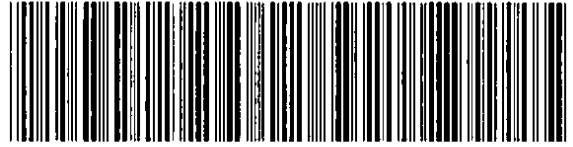
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 28 2023

Office Use Only



900413343779

08/11/23--01020--001 \*\*950.00

FILED  
23 AUG 11 PM 5:16  
JULY STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIRDIE & GRACE LLC

\_\_\_\_\_  
Name of 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 matter to the following:

Susan Rushing

\_\_\_\_\_  
Name of Person

Rushing Law Firm, PLLC

\_\_\_\_\_  
Firm/Company

3124 West County Highway 30A

\_\_\_\_\_  
Address

Santa Rosa Beach, FL 32459

\_\_\_\_\_  
City/State and Zip Code

susan@rushinglaw30a.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Rushing

at ( 850 ) 534-0123

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: BIRDIE & GRACE LLC

2. (a) 149 EAST GROVE AVENUE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
SANTA ROSA BEACH, FL 32459

(b) 4115 WHITMAN STREET  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
HOUSTON, TX 77027

3. 01/25/2022 Date of filing/registration in Florida

4. 1.22000089735 Document number

5. (a) Rushing Law Firm, PLLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1394 COUNTY HIGHWAY 283 S. BLDG. 1  
Santa Rosa Beach, FL 32459

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
3124 West County Highway 30A  
Santa Rosa Beach, FL 32459

FILED  
23 AUG 11 PM 5:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

\_\_\_\_\_  
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 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00