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## L230

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

## LLC REGISTERED AGENT CHANGE **GRACE LED FITNESS LLC**

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## 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: Grace Led Fitnes	s LLC					
2. (a)	115 N Crestwood Ave		(b)	115 N Crestwood A	ve		
( <del>u</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0)	Mailing ad	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Inverness, FL 34453	<del></del>		Inverness, FL 34453	J		
	01/04/2023		1.	.23000010375			
3. 5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.	_	Docume	nt number		
). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  476 Riverside Ave.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	Jacksonville FL	3220	2		SEC:	2024、	
(b)	Corporate Creations Network Inc.				L AH.	2024 JAN 18	
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:					771	
	801 US Highway 1					AM IO:	Ö
	NEW Registered Office Address:				E A	<u>မ</u> ယ	
	North Palm Beach, FL	3340	8				
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the	tered con limit	office and the bus pany, it is hereby ed liability compar	iness office confirmed	e of the that the	registered change(s)
	Kristen Espinales	ŀ	Criste	n Espinales, Attorne	y-in-Fact		
Signa	ture of a member or authorized representative of a member	_		Printed o	r typed name	of signe	e
provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did in writing of this change.	ree to perfoi d for i hereby	act i rmar n Ch r con	n this capacity. I fi nce of my duties, ar napter 605, F.S. Oi firm that the limite	orther agre nd I am Jam r, if this doo nd liability (	re to co iiliar w cumeni compai	mply with the ith and accept is being filed ny has been
	Kruten Eminales Kristen Espinales, Special Secretary						

Signature of Registered Agent