Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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

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LLC REGISTERED AGENT CHANGE GRACEFUL MAILERS LLC

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MAR 0 7 2024

K. Brumbley

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.

l. Na	me of the limited liability company: Graceful Mailers L	l.C		
!. (a)	447 Freeman Rd NW		447 Freen	nan Rd NW
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Palm Bay, FL 32907	- -	Palm Bay,	FL 32907
	02/17/2023		L23000087-	461
. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
	Registered Agent and Registered Office shown on the records of the 476 Riverside Ave.	– e:		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u> </u>	202 ⁴
	Jacksonville , FL 3	32202		2024 HAR -
(b)	Corporate Creations Network Inc.	6 (j)		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 801 US Highway 1	ddress:	PH 2: 59	
	NEW Registered Office Address:			-
	North Palm Beach	3408		~
hange gent w ras/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	of the egister ility of the lin	red office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Kristen Espinales	Kr	isten Espinale:	s, Attorney-in-Fact
hereb rovisio le obli mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided p ily reflect a change in the registered office address. I he I'm writing of this change.	erforn för in	iance of my c Chapter 605	duties, and I am Jamiliar with and accept F.S. Or, if this document is being filed

Signature of Registered Agent