## L23000414739

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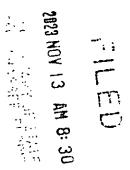
Office Use Only



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A. RAMSEY NOV 29 2023

## COVER LETTER

| TO: Registration Section Division of Corporations  | •  |  |  |  |
|--|--|--|--|--|
| SUBJECT: GRATEFUL  |  |  |  |  |
|  | Name of Limited Liability Company  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |
| The enclosed Registered Agent/Regist   | ered Office Change and fee(s) are submitted for filing.  |  |  |  |
| Please return all correspondence conce   | rning this matter to the following:  |  |  |  |
| Michael Serrano  |  |  |  |  |
| Name of Person   | on on  |  |  |  |
| ZenBusiness Inc.   |  |  |  |  |
| Firm/Compan  | y  |  |  |  |
| 336 E. College Ave. Suite 301  |  |  |  |  |
| Address  |  |  |  |  |
| Tallahassee, FL 32301  |  |  |  |  |
| City/State and Zip   | Code   |  |  |  |
| ra@zenbusiness.com   |  |  |  |  |
| E-mail address: (to be used for fu   | ture annual report notification)   |  |  |  |
| For further information concerning thi   | matter, please call:   |  |  |  |
| Michael Serrano  | 844 493-6249<br>at ( )   |  |  |  |
| 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  |  |  |  |

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

## 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.

| (a)   | Principal office address of limited liability company:   | _ (b)   | 2621 SW 1ST PLACE  |
|---|--|---|--|
|   | (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|   | CAPE CORAL, FL 33914   |   | CAPE CORAL, FL 33914   |
|   | ·  |   |  |
|   | 09/05/2023   | 1.2   | 3000414739   |
|   | Date of filing/registration in Florida   | 4.  | Document number  |
| (a)   | BAUER, CARRIE J  |   |  |
| 3. (H)                                      | Registered Office Address (MUST BE FLORIDA STREET ADDR   | -   |  |
|   | 2621 SW 1ST PLACE  |   | 202  |
|   | Registered Office Address (ST BE FLORIDA STREET ADDRESS  | 2023 HOW 13 AM 8: 0                                     |  |
|   | CAPE CORAL . FL  | 33914   | 一  |
| (b)   | ZenBusiness Inc  |   | <b>三</b>   |
|   | Enter name of NEW Registered Agent and/or NEW Registered   | Office addre  | 285  |
|   | 336 E. College Ave. Suite 301  |   |  |
|   | NEW Registered Office Address:   |   | <del> </del>   |
|   | Tallahassee  | 32301   |  |
| ange<br>ent w<br>as/we                      | mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registered<br>bility comp<br>I the limite               | office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in   |
| /s/   | Carrie Jean Bauer  |   | Carrie Jean Bauer  |
| Signat                                      | ure of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| herel<br>ovisid<br>e obli<br>mere<br>tifica | on accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have  | ve to act in<br>performance<br>for in Cha<br>ereby conf | this capacity. I further agree to comply with the<br>re of my duties, and I am familiar with and accept<br>opter 605, F.S. Or, if this document is being filed<br>firm that the limited liability company has been |