L23000453012

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	GRACED KINGDOM RENTALS	LLC			
	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The en	closed Registered Agent/Registered Of	Tice Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning the	his matter to the fo	llowing:		
	Name of Person		_		
	Firm/Company		_		
14040 E	BISCAYNE BLVD UNIT 718				
	Address		_		
NORTI	I MIAMI BEACH, FL 33181				
	City/State and Zip Code		_		
E	-mail address: (to be used for future an	nual report notifica	ation)		
For furt	ther information concerning this matter	, please call:			
	Name of Person	at (_) 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	g 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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	3318l (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/26/2023		23000453012
i .	Date of filing/registration in Florida	4.	Document number
5. (a)	BRITTANY OKOSSI 9610 STIRLING RD SUITE 102	HOLLYWOO	DD, FL 33 0 34
, (u)	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	9610 STIRLING RD SUITE 102		20
	HOLLYWOOD _	., 33024	
	. F	FL	
(L)			t ::::::::::::::::::::::::::::::::::::
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	<u>ess</u> :
		_	<u> </u>
	NEW Registered Office Address:		
	14040 BISCAYNE BLVD UNIT 718		
	AND THAN AND DEACH	22101	
	MORTH MIAMI BEACH , F	FL	
change agent v was/w	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lever authorized by an affirmative vote of the members icles of organization or the operating agreement of the state of the	ne registered liability come of the limite le limited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
<u>ا</u> Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
_	•		this capacity. I further agree to comply with the

Signature of Registered Agent