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(Busine	ss Entity Name)	
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Special Instructions to Filir	g Officer:	-	
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2024 OCT 10 AM 10: 26
SECRETARY OF STATE

TO

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Graceful Sheep LLC			
	of Limite	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to	the following:	
Belucas Charles			
Name of Person	•		
Graceful Sheep LLC			
Firm/Company			
7901 4th St N			
Address			
STE 300			
City/State and Zip Code			
gracefulsheepllc@gmail.com			
E-mail address: (to be used for future annu	al report n	otification)	
	-		
For further information concerning this matter, p	lease call	•	
Registered Agents Inc.	_ at (<u></u> 813	₁ 575-1161	
Name of Person	_ ••• \	Area Code & Daytime Telephone	e Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:	202 SE1
Registration Section		Registration Section	三
Division of Corporations		Division of Corporations	OT A
Clifton Building		P.O. Box 6327	三野第二大
2661 Executive Center Circle		Tallahassee, Florida 32314	
Tallahassee, Florida 32301			1024 OCT TO AMIO: BECKETARY OF ST
Enclosed is a check for the following a	ımount:		STA FL

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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.

1. Na	ame of the limited liability company: Graceful Sheep LL	.C			
2. (a)	7901 4th St N	_(h) 7901	(b) 7901 4th St N		
(u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 300	STE 3	300		
	St. Petersburg, FL 33702	St. Pe	etersburg, FL 33702		
	10/18/2023	L23000	0479288		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Inc Authority				
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	State:		
	390 N Orange Ave				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS _I			
	STE 2300-N				
	Orlando	32801			
	.12	•			
(b)	Registered Agents Inc	<u></u>			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702			
the cha agent v was/w the art Signa I here provis the ob- to mer natifie	dimited liability company is not organized under the law range or changes are made, the Florida street address of 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 nature of a member or authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address. It is in writing of this change. David Roberts - Assistant Se	the registered of ability company, f the limited liability of the line of the liability confirm the liability confirm the liability of the	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signed in compacity. I further garee to comply with the		
	are of Registered Agent	orgial y	F-₹ 2		