

# L23000536592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

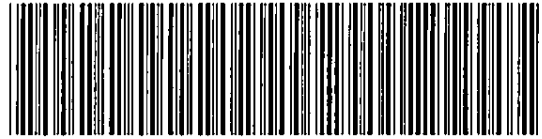
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200440219782

12/02/24--01012--008 \*\*25.00

FILED  
2024 DEC -2 PM 4:29  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 321 Grow LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frances du Toit  
Name of Person

321 Grow LLC  
Firm/Company

2800 N 6th Street #5161  
Address

St Augustine, FL 32084  
City/State and Zip Code

frances@321growusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frances du Toit at ( 214 ) 808-8131  
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

Enclosed is a check for the following 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.*

1. Name of the limited liability company: 321 Grow LLC

2. (a) Frances du Toit (b) Frances du Toit

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2800 N 6th Street #5161

2800 N 6th Street #5161

St Augustine, FL 32084

St Augustine, FL 32084

10/13/2023

3. Date of filing/registration in Florida

L23000536592

4. Document number

5. (a) Frances du Toit  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

77 Windermere Way

St Augustine, FL 32095

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Frances du Toit

NEW Registered Office Address:

2800 N 6th St #5161

St Augustine, FL 32084

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

frances du toit  
Signature of a member or authorized representative of a member

Frances du Toit  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

frances du toit  
Signature of Registered Agent

FILED  
2024 DEC -2 PM 4:29  
TALLAHASSEE, FLORIDA