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(Ke	equestor's Name)				
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	#)			
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☐ PICK-UP	MAIT WAIT	MAIL			
(Bu	siness Entity Nam	e)			
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Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer				
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	GRACED 2 ASSIST LLC					
3013		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The ea	nclosed Registered Agent/Registered O	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	following:			
Adam	Saulters					
	Name of Person		_			
ZenBu	siness Inc.					
•	Firm/Company		_			
336 E.	College Ave. Suite 301					
	Address					
Tallah	assee, FL 32301					
	City/State and Zip Code		_			
га@ze	nbusiness.com					
1	E-mail address: (to be used for future a	nnual report notifi	cation)			
For fu	rther information concerning this matte	er, please call:				
га@'ze	nbusiness.com	844 at (493-6249			
	Name of Person	at (Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			
	Enclosed is a check for the following	ng amount:				
	■ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			

INHS18 (2/14)

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. 3	Name of the limited liability company: GRACED 2 AS:	SIST LLC			
2. (a	4553 WILLIAMSTOWN BOULEVARD	(b)	(b) 4553 WILLIAMSTOWN BOULEVARD		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS		
	LAKELAND, FL 33810	<u></u>	AKELAND, FL 33810		
	0K/28/2024	1.2	4000292710		
 3. 5. (: 	Date of filing/registration in Florida SPEED, SANAE	4.	Document number		
J. (Registered Agent and Registered Office shown on the records of 4553 WILLIAMSTOWN BOULEVARD	of the Florida De	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET				
	LAKELAND , F	FL_33810	 .	201 J	
(t	ZenBusiness Inc.			2	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	<u>:ss:</u>	•	
	336 E. College Ave. Suite 301			<u>्र</u> कु	
	NEW Registered Office Address:			<u> </u>	
	Tallahassee F	FL_32301			
chan agen was/	e limited liability company is not organized under the lange or changes are made, the Florida street address of that will be identical. Or, in the case of a Florida limited for were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	ne registered of liability completed to sof the limited to the limited to the region of the region of the region of the region of the limited to the register of the region of the register of the regist	office and the business office pany, it is hereby confirmed to d liability company or as oth	of the registered hat the change(s)	
	s/ Sanae Speed	Sanae S	·		
_	enature of a member or authorized representative of a member		Printed or typed name	_	
prov the o	reby accept the appointment as registered agent and assistons of all statutes relative to the proper and complet obligations of my position as registered agent as provide erely reflect a change in the registered office address, lifted in writing of this change.	gree to act in le performand led for in Cha I hereby conf	this capacity. I further agree se of my duties, and I am fam upter 605, F.S. Or, if this doc irm that the limited liability o	e to comply with the iliar with and accept cument is being filed company has been	
Signa	hat Circle Agent				