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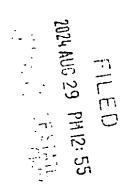
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
	Sį	J. HORNE EP - 6 2024			

Office Use Only



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August 28, 2024

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Subject: The Grand Junonia LLC

To Whom It May Concern.

Enclosed for filing is the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Enclosed is a check in the amount of \$25.00 for filing fees. Once the Application has been filed, please return confirmation to me in the envelope provided.

Should you have any questions, please feel free to contact me.

Sincerely,

Jennifer & Kempf, ACP

Advanced Certified Paralegal in Estate Planning

On behalf of Scamus Smith, Attorney

(913) 356-5540

jennifer.kempf@creativeplanning.com

SS/jsk Encl.

5454 W. 110th Street Overland Park, KS 66211 main 913.327.9455 fax 913.754.1363 info@creativeplanninglegal.com

COVER LETTER

TO: Registration Section Division of Corporations		
The Grand Junonia LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jennifer S. Kempf		
Name of Person		
Creative Planning Legal, P.A.		
Firm/Company		
5454 W. 110th Street		
Address		
Overland Park, KS 66211		
City/State and Zip Code		
jennifer.kempf@creativeplanning.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
Jennifer S. Kempf	913 356-5540 t()	
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 amo	ount:	
■ \$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.

. Na	me of the limited liability company: The Grand Junon	ia LLC		
l. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	 -	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	226988 Boulder Ridge Circle		226988 Bo	oulder Ridge Circle
			Wausau, W	
	Wausau, W1 54401			1) 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	August 2, 2024	D	.1.240003409	968
	Date of filing/registration in Florida	4.		Document number
. (a)	Universal Registered Agents Inc.			
. (27)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of State	:: ::
	Universal Registered Agents Inc.			_
	Registered Office Address (MUST BE FLORIDA STREET	ADDR <u>I</u>	<u> </u>	
	1317 California Street			F)
	Tallahassee, FI	32304	ļ	
(b)	Melissa Matteson			1024 NU6 29 PH 12: 55
•	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	PHO
	Melissa Matteson			2.55
	NEW Registered Office Address:			- :
	5898 Shell Cove Drive			-
	Cape Coral , FI	33914	ļ	
hange gent was/we as/we artical Signation of the color of	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the nure of a member or authorized representative of a member on a complete in the proper and complete in the proper and complete in the proper and complete in the registered agent as provided in virting of the change in the registered office address, I in virting of the change.	regist ability of the l limite	ered office and company, it is imited liability d liability comfelissa Mattesoret in this caparance of my a	If the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee arcity. I further agree to comply with the duties, and I am lamiliar with and accept

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent