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| To: | Division of Corporations | 5 | • | | | |
|--|---|---------------------------------------|-----|--|--|--|
| | Fax Number : (850)617-6383 | 2 0 1 | - | | | |
| From: | Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 | · · · · · · · · · · · · · · · · · · · | - " | | | |
| annual | email address for this business entity to be used for future report mailings. Enter only one email address please.** | 2 | | | | |
| LLC REGISTERED AGENT CHANGE GRHH PERFORMANCE ST. PETERSBURG LLC | | | | | | |

| Certificate of Status | 0 |
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SEP 2 - 2020

Electronic Filing Menu Corporate Filing Menu

Help

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2020 SEP 23 PH 3: 42

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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.

| (a) | Principal office address of limited liability company | (t |) | failing address of limited liability | | | |
|------------------|--|--|--|--|--------------|--|--|
| | Principal office address of limited liability company (<i>Note: MUST <u>BE STREET ADDRESS</u></i>) | | , , | hiling address of limited liability company (Note: MAY BE POST OFFICE BOX) | | | |
| | 855 W BROAD STREET, SUITE 300 | | 855 W BROAD STREET, SUITE 300 | | | | |
| | BOISE, ID 83702 | BOISE, | | | > 83702 | | |
| | 12/30/2019 | | M20000000 | 748 | | | |
| | Date of filing/registration in Florida | 4. | | Document number | | | |
| (a) | Registered Agent and Registered Office shown on the records o | | | - | | | |
| | | f the Florid | a Dept of Stati | : | | | |
| | CORPORATION SERVICE COMPANY | - | , s , s | | | | |
| | Registered Office Address <u>(MUST BE FLORIDA STREET</u> | <u>ADDKLS</u> | <u></u> | | 1 | | |
| | 1201 HAYS STREET | | | - | در | | |
| | TALLAHASSEE, F | 32301 L | | _ | - | | |
| | | | | | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | - | | | |
| | Enter name of <u>NEW Registered Agent</u> and/of <u>MEW Register</u> | <u>cu chine a</u> | | | | | |
| | LEGALINC CORPORATE SERVICES INC. | | | _ | | | |
| | NEW Registered Office Address | | | - | | | |
| | 5237 SUMMERLIN COMMONS BLVD. SUITE 400 | | | - | | | |
| | FORT MYERS,, I | ∙L ³³⁹⁰⁷ | | | | | |
| hange igent ' | imited liability company is not organized under the l c or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members ieles of organization or the operating agreement of the | aws of the te register liability e s of the lin | e State of Fl red office an ompany, it i nited liabilit | orida, it is hereby confirm d the business office of th s hereby confirmed that they y company or as otherwis | ic change(s) | | |

Signature of a member or additized representative of a member

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.

Signature of Registered Agent

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