M2000001140

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2/28/21

COVER LETTER

.O: Registration Section Division of Corporations Grant FS, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sydney Niebrugge Name of Person Rural King Firm/Company 4216 Dewitt Avenue Address Mattoon, IL 61938 City/State and Zip Code sniebrugge@ruralking.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sydney Niebrugge 235-7102 Area Code & Daytime Telephone Number Name of Person 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 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.

I. No	nme of the limited liability company: Grant FS, LLC					
2. (a)	4216 Dewitt Avenue		(1	(b) 4216 Dewitt Avenue		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Mattoon, II. 61938			Mattoon,	IL 61938	
	November 30, 2020			M2000001	1140	
3.	Date of filing/registration in Florida	4.			Document number	
	C T Corporation System					
5. (a)	Registered Agent and Registered Office shown on the records	s of the Flo	rid	a Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREAT 1200 South Pine Island Road	ET ADDR.	ES.	<u>S)</u>	\$E7.	
	Plantation	FL_3332	4		P CRETA	
(b)	Grant Speer				NIA SSS	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office	90	ddress:	PILED 2021 JAN 19 PM 1:46 TALLAHASSFE, FATE	
	NEW Registered Office Address:					
	2040 King Air Ct.					
	Port Orange	FL 32128	3			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the membereless of organization or the peration agreement of the street authorized by the street authorized by an affirmative vote of the membereless of the street authorized by the street authoriz	the regist Hiability rs of the	ter ' co lin	ed office a ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	-		··	Printed or typed name of signce	
I herei provisi the obl to merc notified	by accept the appointment as registered agent and consolons of all statutes relative to the proper and completing ignitions of my position as registered agent as provided reflect a charge in the registered office address, if in friging of all scharges, if in friging of all scharges.	agree to ete perfoi ided for i . I hereby	aci rm n (t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent