

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

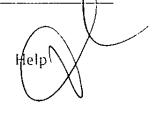
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REGISTERED AGENT CHANGE EMBRACE THE GRACE MINISTRIES, INC.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617,050, nge is submitted for a corporation organi	zed under the laws of the State of <u>F</u> I	lorida	is
in orde	r to change its registered office or registe	red agent, or both, in the State of Fl	orida,	
1. The name of t	he corporation: EMBRACE THE GRACE N	INISTRIES, INC.		
2. The principal	office address: 7901 4th St N STE 300 St.	Petersburg FL 33702		
3. The mailing a	ddress (if different); 7901 4th St N STE 30	00 St. Petersburg FL 33702		
4. Date of incorp	poration/qualification: 12/26/12	Document number: N1200001	1924	
	I street address of the current registered ag tment of State: (If resigned, enter resigned	•	h the	
	Cocking, Teri			
	3813 Edland Dr.			
	Orlando, FL 32812			
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered offic	ce	
	Northwest Registered Agent LLC			
	7901 4th St N STE 300			202
	PO. Box	NOT acceptable	1)O 4
	St. Petersburg FL 33702		<u>-</u> -	2024 OCT 2 I
The street addre	ess of its registered office and the street a be identical.	address of the business office of its	registered	— I agent, ➡
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an o ified in writing of the change.	officer so	9.3
Muita	Hold	Anita Held- DP		_
Signation	e of an officer of director	Printed or typed name and title		
l further agree t of my duties, an document is bei	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the oblis ng filed merely to reflect a change in the Been notified in writing of this change	l agree to act in this capacity. tes relative to the proper and comp gation of my position as registered registered office address. I hereby	olete perfo agent. 'O ' confirm	rmance r, if this that the
7FN-		10/21/2024		
Sigi	nature of Registered Agent	Dute		
lf signing on be	half of an entity:			
Taylor Newman				
ry	ped or Printed Name			
	* * * FILING FEI	E: \$35.00 * * *		