## 1226662414

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 423737 4375419					
AUTHORIZATION: Smels de man					
COST LIMIT : \$ 85.00					
ORDER DATE : January 31, 2023					
ORDER TIME : 9:06 AM					
ORDER NO. : 423737-005					
CUSTOMER NO: 4375419					
CHANGE OF AGENT					
NAME: JANE'S SAVING GRACE, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER:					

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

	· ·	17.0502, 607.1508, or 617.1508, Florida Statu		
-		n organized under the laws of the State of Floric rregistered agent, or both, in the State of Floric		
1. The name of	the corporation: Jane's Saving Grad	e, me.		
2. The principal	office address: 4035 W 1st Street S	aniord, Fiorida 321/1		
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 03/11/22 Document number: N2200000			14	_
	d street address of the current regis etrnent of State: (If resigned, enter	stered agent and registered office on file with the resigned)	.e	
	F&L Corp			
	One Independent Drive, Suite 1300	0		
	Jacksonville, FL 32202			2023 FEB
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	÷.	1-83
	Corporation Service Company, Inc	x.	÷47	727
	1201 Hays Street	_	ر ں ، است	بو
		P.O. Box NOT acceptable	- <u>-</u>	32
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its reg	gistered a	agent,
Such change wanthorized by the	as authorized by resolution duly and board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	er so	
7/12		Mark Lang, Sr.		
•	re of an officer on director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered as to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change is been notified in writing of this control of the control control	gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ago ge in the registered office address, I hereby co shange.	e perfori ent. Or infirm th	mance if this at the
Cyl	CANA ONDO	02/01/2023		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
т	yped or Printed Name	-		

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)