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\*\*\*

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

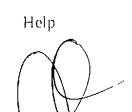
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

tmaıl	Address:	

## REGISTERED AGENT CHANGE BY YOUR GRACE, INC.

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

statement of cha	inge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida Statu ganized under the laws of the State of <u>Fl</u> gistered agent, or both, in the State of Floric	<del>-</del>	_	
1. The name of i	the corporation: <u>BY YOUR GRA</u> (	CE, INC.			
2. The principal	office address:		- 18		
3. The mailing a	nddress (if different):				
4. Date of incorp	poration/qualification: 12/19/2023	Document number: N2300001	15120		
	I street address of the current registere timent of State: (If resigned, enter resi	ed agent and registered office on file with thi gned)	e		
	LEGALINC CORPORATE SE	ERVICES INC.	o <b>≥</b>		
	476 RIVERSIDE AVE	-N	2024 FEB 14	<del></del>	
	JACKSONVILLE, FL 32202		<del>55</del>	7==	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are regi				
	Northwest Registered Agent	LLCP	<b>AM 11: 24</b> ( of state		
	7901 4th St N STE 300				
	St. Petersburg, FL 33702	. Box NO l'acceptable			
The street addre		out addrage of the business office of its rea	rictoral are	<b></b> 1	
_		eet address of the business office of its reg		.11R,	
Such change wa authorized by th	is authorized by resolution duly adop ne board, or the corporation has been	pted by its board of directors or by an offic i notified in writing of the change.	er so		
Neff	re of an officer or directory	NATHAN MOEINY - Preside	nt	****	
I further agree to of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the s ng filed merely to reflect a change in s been notified in writing of this char	statutes relative to the proper and complete obligation of my position as registered age a the registered office address. I hereby co	e performa ent. Or, if offrm that	nce this the	
	natific of Registered Agent	02/14/2024			
S/€	nature of Registered Agent	Date	-	_	
If signing on be	half of an entity:				
	aylor Newman				

MANE CHECKS BANABLE TO FLODINA DEBABTAINT OF STATE