

PD30000 24478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

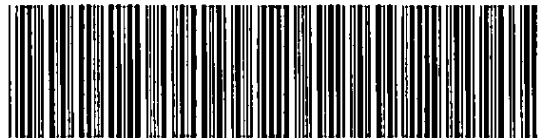
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 11 2019

SCHROEDER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Crowned Grace Inc

Name of Corporation

DOCUMENT NUMBER: P03000024478

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Grodi, Paralegal

Name of Contact Person

PilieroMazza PLLC

Firm/Company

888 17th Street NW, 11th Floor

Address

Washington, DC 20006

City/State and Zip Code

drstephanieparson@crownedgrace.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Grodi

760 305-8877

Name of Contact Person

at ( )  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Crowned Grace Inc
2. The principal office address: 4415 Nicole Drive, Ste. F, Lanham, MD 20706
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/24/2003 Document number: P03000024478
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

Stephanie A. Parson

13506 Summerport Village Parkway, Suite 336

Windermere, FL 34786

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, of the corporation has been notified in writing of the change.

 Dr. Stephanie Parson  
Signature of an officer or director Printed or typed name and title

*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 obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.*

 3/26/2019  
Signature of Registered Agent Date

If signing on behalf of an entity:

JODY MOUA, ASSISTANT SECRETARY  
Typed 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 (03/12)

FILED  
19 APR -2 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA