P14000001193

| (Re | questor's Name) | | | |
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COVER LETTER

TO:

| TO: | Amendment Section Division of Corporations | | |
|---------|--------------------------------------------|--------------------------------------------------------|--|
| SUBJE | ECT: Grigsby Law, P.A. of Corporation | | |
| Name (| of Corporation | | |
| DOCU | JMENT NUMBER: P14000001193 | | |
| The en | closed Statement of Change of Registere | d Office/Agent and fee are submitted for filing. | |
| Please | return all correspondence concerning this | s matter to the following: | |
| Genevi | eve Turner, Esq | | |
| Name (| of Contact Person | | |
| | y Law. P.A. | | |
| Firm/C | ompany | | |
| 9240 B | onita Beach Road, Suite 1117 | | |
| Addres | S | | |
| Bonita | Springs, Florida 34135 | | |
| City/St | ate and Zip Code | | |
| | gturner@grigsbylawpa.com | | |
| E-mail | l address: (to be used for future annua | l report notification) | |
| For fur | ther information concerning this matter. | please call: | |
| Genevi | eve Turner. Esq. | at (239)948-9740 | |
| | Name of Contact Person | at (239)948-9740 Area Code & Daytime Telephone Number | |
| Enclos | ed is a \$35.00 check made payable to the | Department of State. | |
| | Mailing Address: Amendment Section | Street Address: | |
| | | Amendment Section | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | |
| | Tananassee, 11, 32317 | Tallahassee, FL 32303 | |

CR2E045 (04/13)

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

| • | · | 7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of 4 | - | this | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------|--------------------|
| | - | egistered agent, or both, in the State of F | | | _ |
| 1. The name of | the corporation: Grigsby Law, P.A. | | | | |
| | | oad, Suite 1117, Bonita Springs, Florida 341 | 135 | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: 1/6/2014 | Document number: P1400000 | 1193 | | |
| | d street address of the current register truent of State: (If resigned, enter re- | red agent and registered office on tile wit signed) | th the | | |
| | Chanille Grigsby (deceased) | | | | |
| | _ | | | | |
| | Bonita Springs, Florida 34135 | | | | |
| 6. The name and (if changed): | I street address of the new registered | agent (if changed) and /or registered off | SECRETA | 2020 NOV 16 PM 1: 1 | Q |
| | Genevieve Turner | ···· | 3.20 - 30 | 9 | |
| | 9240 Bonita Beach Road, Suite 1117 | | 0F 3 | PH | F 9 5 3 |
| | P.O. Box NOT acceptable | | MIS. | | ' ' ' ' ' |
| | Bonita Springs, Florida 34135 | | | ယ | |
| The street address changed will | ess of its registered office and the st be identical. | treet address of the business office of its | s register | red age | nt. |
| Such change wa authorized by the | as authorized by resolution duly ad- ne board, or the corporation has bee | opted by its board of directors or by an en notified in writing of the change. | officer s | 0 | |
| | re of an officer of director | Ronnie Grigsby (Personal Reprenta | | state) | _ |
| I hereby accept I further agree of my duties, an document is bei | the appointment as registered ager to comply with the provisions of all | nt and agree to act in this capacity. statutes relative to the proper and come obligation of my position as registered in the registered office address, I hereb | inlete nei | rforma Or, if t n that t | nce this the |
| Gens | vie Turner | 11/9/2020 | | | |
| Sig | nature of Registered Agent | Date | | | _ |
| If signing on be | chalf of an entity: | | | | |
| Genevieve Turne | er & Ronnie Grigsby | | | | |
| T | yped or Printed Name | | | | |

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