

P19000066311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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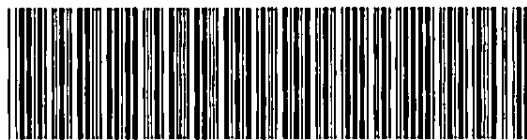
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REBECCA GRASTON CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P19000066311

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:

Rebecca L. Graston  
Name of Contact Person

Rebecca Graston Corp.  
Firm/Company

117 E. Franchetta Lane  
Address

St. Augustine, FL 32092  
City/State and Zip Code

rebeccagraston@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Graston at ( 803 ) 412-0904  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303