P23000009042

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE APR - 8 2024				





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03/18/24--01006--008 **35.00





TO: Amendment Section Division of Corporations

SUBJECT: Gratitude Rock Publishing, Inc.		
Name of Corporation		
DOCUMENT NUMBER: P23000009042		<u>_</u>
The enclosed Statement of Change of Registered Office/Ag	gent and fee	are submitted for filing.
Please return all correspondence concerning this matter to	the following	<u></u>
Sylvia R. Dunn		
Name of Contact Person		
Gratitude Rock Publishing, Inc.		
Firm/Company		
PO Box 1424		
Address		
Ocala, FL 34478		
City/State and Zip Code		
GratitudeRockPublishing@gmail.com		
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, please call:		
Sylvia R. Dunn	t (352	843-2524
Name of Contact Person	Area Cod	e & Daytime Telephone Numb

Mailing Address: Amendment Section

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

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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, ration organized under the laws of the ice or registered agent, or both, in the	State of Florida			
1. The name of t	the corporation: Gratitude Ro	ock Publishing, Inc.				
	office address: 2113 SE 50th					
3. The mailing a	address (if different): PO Box	1424, Ocala, FL 34478				
4. Date of incorp	poration/qualification: 01/30/	Document number:	P23000009042			
5. The name and		registered agent and registered office				
	Anderson Registered Agents	, Inc.				
	625 E. Twiggs Street, Suite 110					
	Tampa, FL 33602					
6. The name and (if changed):	I street address of the new re	gistered agent (if changed) and /or reg	istered office			
	Sylvia R. Dunn					
	2113 SE 50th Terrace					
		P.O. Box NOT acceptable				
	Ocala, FL 34480					
The street address changed will	ess of its registered office ar be identical.	nd the street address of the business o	ffice of its registered agent.			
Such change wa authorized by th	as authorized by resolution one board, or the corporation	duly adopted by its board of directors has been notified in writing of the ch	or by an officer so ange.			
Sulica	Dann.	Sylvia R. Dunn, PTSD	44 P			
U^{-1}	re of an officer or director	Printed or typed	经验			
I furthér agrée (of my duties, an document is bei	to comply with the provision	red agent and agree to act in this cap is of all statutes relative to the prope cept the obligation of my position as change in the registered office addres this change.	r and complete performance registered agent: Or of this ss, I hereby confirm that the			
Syline	R. Dunn	03/11/2024	30			
Sig	nature of Registered Agent	Dat	le			
If signing on be	half of an entity:					
Sylvia R. Dunn						
r	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