635-64TH ST. S	SOUTH JRG, FL 33707			
SI. PETERSOL	JRG, FL 33707			
Current Mai	ling Address:			
P.O. BOX 4'	734			
ST. PETERS	BURG, FL 33743			
FEI Number: 59-0873837		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
MEYERS, STE 635-64TH ST. S ST. PETERSBU				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	SAMUEL L WILLIAMS			03/02/2016
SIGNATURE	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent			
SIGNATURE	Electronic Signature of Registered Agent			03/02/2016
	Electronic Signature of Registered Agent	Title	т	03/02/2016
Officer/Dire	Electronic Signature of Registered Agent	Title Name	T LEWIS, KATHY	03/02/2016
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : P		-	03/02/2016
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734	Name Address	LEWIS, KATHY	03/02/2016
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734	Name Address	LEWIS, KATHY P.O. BOX 41734	03/02/2016
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734 ST. PETERSBURG FL 33707	Name Address	LEWIS, KATHY P.O. BOX 41734	03/02/2016
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734 ST. PETERSBURG FL 33707 S	Name Address	LEWIS, KATHY P.O. BOX 41734	03/02/2016
Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734 ST. PETERSBURG FL 33707 S MEYERS, STEPHANIE	Name Address	LEWIS, KATHY P.O. BOX 41734	03/02/2016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE MEYERS

SECRETARY

03/02/2016

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 739717

Entity Name: GRACE CONNECTION AT PASADENA, INC.

Current Principal Place of Business:

FILED Mar 02, 2016 Secretary of State CC1361772583

Date