635-64TH ST.	NCIPAL Place of Business: SOUTH JRG, FL 33707			
Current Ma	iling Address:			
P.O. BOX 4 ST. PETER	1734 SBURG, FL 33743			
FEI Number: 59-0873837			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
MEYERS, STE 635-64TH ST. ST. PETERSB				
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.
	d entity submits this statement for the purpose of changing its regise: E: SAMUEL L WILLIAMS	stered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 03/21/2015
		stered office or regis	tered agent, or both, in the State of Flo	
SIGNATURI	E: SAMUEL L WILLIAMS	stered office or regis	tered agent, or both, in the State of Flo	03/21/2015
SIGNATURI	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo	03/21/2015
SIGNATURI Officer/Dire	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent Ctor Detail :			03/21/2015
SIGNATURI Officer/Dire	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent Ctor Detail : P	Title	т	03/21/2015
SIGNATURI Officer/Dire Title Name	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent Ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734	Title Name	T LEWIS, KATHY P.O. BOX 41734	03/21/2015
SIGNATURI Officer/Dire Title Name Address	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent Ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734	Title Name Address	T LEWIS, KATHY P.O. BOX 41734	03/21/2015
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: SAMUEL L WILLIAMS Electronic Signature of Registered Agent ctor Detail : P KELLEY, TIMOTHY P.O. BOX 41734 ST. PETERSBURG FL 33707	Title Name Address	T LEWIS, KATHY P.O. BOX 41734	03/21/2015
SIGNATURI 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	Title Name Address	T LEWIS, KATHY P.O. BOX 41734	03/21/2015

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

03/21/2015

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 739717

Entity Name: GRACE CONNECTION AT PASADENA, INC.

## **Current Principal Place of Business:**

FILED Mar 21, 2015 Secretary of State CC1550476550

Date