### 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: JOMETRE COQUILLON

Electronic Signature of Signing Officer/Director Detail

## 09/04/2021

# Date

### 12490 NE 7TH AVE 205 MIAMI, FL 33161

Entity Name: GRACIOUS HANDS, INC.

**Current Principal Place of Business:** 

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Mailing Address:**

DOCUMENT# N13000001427

P.O. BOX 680276

### FEI Number: 46-2445924

JOMETRE, COQUILLON 12490 NE 7TH AVE 205 MIAMI, FL 33161 US

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	PD	Title	VP
Name	COQUILLON, JOMETRE	Name	PASCAL, NORCICA REIMER
Address	P.O. BOX 680276	Address	P.O. BOX 680276
City-State-Zip:	MIAMI FL 33168	City-State-Zip:	MIAMI FL 33168
Title	DIRECTOR	Title	DIRECTOR
Name	STRINGER, KATHY	Name	CHAMBERS, DEEANNA
Address	P.O. BOX 680276	Address	P.O. BOX 680276
City-State-Zip:	MIAMI FL 33168	City-State-Zip:	MIAMI FL 33168
Title	DIRECTOR		
Name	PATEL, SHEETAL		
Address	P.O. BOX 680276		
City-State-Zip:	MIAMI FL 33168		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOMETRE COQUILLON

MIAMI, FL 33168 US

Name and Address of Current Registered Agent:

FILED Sep 04, 2021 Secretary of State 6443777395CC

09/04/2021

Date

Certificate of Status Desired: No