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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIALUISA WAY

Electronic Signature of Signing Officer/Director Detail

Entity Name: GRACIOUS CARE RECOVERY SOLUTIONS, INC. Current Principal Place of Business:

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

201 N FEDERAL HWY, SUITE 105 DEERFIELD BEACH, FL 33441

DOCUMENT# P13000081430

Current Mailing Address:

201 N FEDERAL HWY, SUITE 105 DEERFIELD BEACH, FL 33441 US

FEI Number: 46-3796706

Name and Address of Current Registered Agent:

WAY, MARIALUISA 3850 NE 17TH AVENUE POMPANO BEACH, FL 33064 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	VP
Name	WAY, MARIALUISA	Name	WAY, STEPHEN M
Address	3850 NE 17TH AVENUE	Address	3850 NE 17TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33064	City-State-Zip:	POMPANO BEACH FL 33064

UISA WAY

PRESIDENT

12/04/2014 Date

FILED Dec 04, 2014 Secretary of State CC8275191730

Certificate of Status Desired: Yes

Date