

A94000000831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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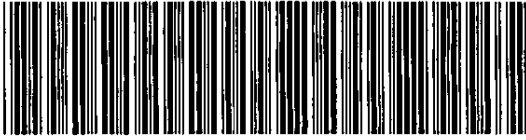
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

OCT 12 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grove Hotel Group, Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A94000000831

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Bernard Wolfson  
Contact Person

Hospitality Operations, Inc.  
Firm/Company

50 SW 12 ST. 6<sup>th</sup> FLOOR  
Address

Miami, FL 33130  
City, State and Zip Code

hotelgroups@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernard Wolfson at (305) 373-0611  
Name of Contact Person Area Code and Daytime Telephone Number

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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Grove Hotel Group, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/20/1994 3. A94000000831  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mark R Starkman  
Name

1500 San Remo, #125  
Address

Coral Gables, FL 33146  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

(same as above)  
Name

8950 S.W. 74<sup>th</sup> Court, Suite 1901  
Florida street address (P.O. Box not acceptable)

Miami FL 33156  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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