

A94 00000831
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000350484 3)))



H240003504843ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
GROVE HOTEL GROUP, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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. A94000000931
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:

STARKMAN, MARK R
Name
8950 SW 74TH COURT, SUITE 1901
Address
MIAMI, FL 33156
City, State and Zip

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

Registered Agents Inc
Name
7901 4th St N STE 300
Florida street address (P.O. Box not acceptable)
St. Petersburg FL 33702
City, State and Zip

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

Howard Wolfson
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.

David Roberts
Signature of Registered Agent

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

2024 OCT 22 AM 9:03