

Florida Department of State

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

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REGISTERED AGENT CHANGE

GROVES HOLDINGS, LLC

Certificate of Status	0
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EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Groves Holdings, LLC
2. (a) Principal office address of limited liability company: c/o Rockwood Capital, LLC
(Note: MUST BE STREET ADDRESS) 10 Bank Street, 11th floor
White Plains, New York 10606
- (b) Mailing address of limited liability company: c/o Rockwood Capital, LLC
(Note: MAY BE POST OFFICE BOX) 10 Bank Street, 11th floor
White Plains, New York 10606

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jones Foster Services, LLC

Registered Office Address:

505 South Flagler Dr., Suite 1100
West Palm Beach, FL 33401

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:National Corporate Research, Ltd., Inc.NEW Registered Office Address:515 East Park Avenue(MUST BE FLORIDA STREET ADDRESS)Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
 (Signature of a member or authorized representative of a member)

Keith M. Wixson, Authorized Person

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Karen McKeown
 (Signature of Registered Agent)

Karen McKeown - Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 Assistant Secretary

FILING FEE: \$25.00

INHS18 (05/08)

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