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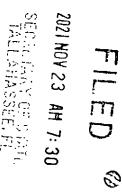
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C. BRUMBLEY DEC 13 2021

COVER LETTER

TO: Registration Section Division of Corporations	
Grouper Hole Florida, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Sara Castro Potts, Esquire	
Name of Person	
Castro Potts Law Finn, PLLC	
Firm/Company	
14864 Tamiami Trail, Unit A-205	
Address	
North Port, FL 34287	
City/State and Zip Code	
scastro@castropotts.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all;
Sara Castro Potts	941 300-9595
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. N	ame of the limited liability company: Grouper Hole Fle	vrida, L	.l.C		
2. (a)	19 Grouper Hole Drive		(b)	31 Love I	.ane
. (.,/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Sote: MAY BE POST OFFICE BOX)
	Boca Grande, FL 33921			Weston, N	AA 02493
	03/14/2007		I.	07000028	004
3. 5. (a)	Date of filing/registration in Florida Sara Castro, Esquire	4.			Document number
	Registered Agent and Registered Office shown on the records of 99 Nesbit Street	the Flo	rida I	Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRI	ESS)		- -
	Punta Gorda F1	33950	1		FIL 2021 NOV 23 SECTALL ARIAS
(b)	Castro Potts Law Firm, PLLC				OV 23 AM
(0)	Enter name of NEW Registered Agent and/or NEW Registered	i Office	addr	ess:	Z3 ∰ ; HASSEE,
	1990 Main Street				ED ## 7:30 OF STATE SEED TO
	NEW Registered Office Address:		-		o
	Suite 750				- B ₄
	Sarasota, FL	34236	,		_
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	regist ability of the l limite	ered com imite d lial	office an pany, it i ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It has writing of this change.	ree to c perfor d for in hereby	act in man n Che con _j	this cap we of my apter 605 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept is, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Tau Cafer re of Registered Agent				