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## **COVER LETTER**

	Registration Section Division of Corporations		<u>.</u>				
SUBJE	CT:						
	Name of Limited Liability Company						
Dear Si	r or Madam:						
The enc	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning th	is matter to the f	following:				
Scott S	Silver						
	Name of Person		<del>-</del>				
	Firm/Company		_				
2980 N	McFarlane Rd, Suite 12						
	Address		_				
Miomi	El 22122						
	, FL 33133		_				
	City/State and Zip Code						
E-	mail address: (to be used for future ann	ual report notifi	cation)				
For furt	her information concerning this matter,	please call:					
Scott S	Silver	305 at (	788-6164				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MA	AILING ADDRESS:				
Registration Section Registration Section							
	Division of Corporations		Division of Corporations				
	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				
INHS18	(2/14)						

## 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.

Scott Silver  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  18001 Old Cutler Rd, Suite 600  Miami	1. Na	ame of the limited liability company: Grove Holdin	gs, LLC	
Principal office address of limited liability company: (Note: MAST BE STREET ADDRESS)  2980 McFarlane Rd, Suite 12  Miami, FL 33133  03/24/08  3. Date of filing/registration in Florida 4. Document number  Scott Silver  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address  (BUST BE FLORIDA STREET ADDRESS)  18001 Old Cutler Rd, Suite 600  Miami FL 33157  (b) Ashley Sodeman  Enter name of NEW Registered Agent and/or NEW Registered Office address:  2980 McFarlane Rd, Suite 12  Miami FL 33133  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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized page formative of a member.  Printed or typed name of signee.  Printed or typed name of signee.  Printed or typed name of signee.	2. (a)		(b)	
Miami, FL 33133  Date of filing/registration in Florida 4. Document number  Scott Silver  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  18001 Old Cuttler Rd, Suite 600  Miami , FL 33157  (b) Ashley Sodeman  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  2980 McFarlane Rd, Suite 12  Miami , FL 33133  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 register 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 or as otherwise provided in the articles of a member or authorized representative of a member  Printed or typed name of signee  Printed or typed name of signee  Printed or typed name of signee				• • • • • • • • • • • • • • • • • • • •
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provisións of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acce the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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.	provisi the obi to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act in this cap e performance of my ed for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
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