Florida Department of State

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.

(((H240001315613)))



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 : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 : (561)290-1590 Fax Number

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

Email Address: bmann @ nasony eager

LLC REGISTERED AGENT CHANGE GROVES GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 0 2024

K. Brumbley

DocuSign Envelope ID: B4EC63A0-FC82-443D-8CA1-19EFCC35BD34

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.

1. N	ame of the limited liability company	LC			
2. (a)		(t)	Mailing address of limited ti	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited li Note: MAY BE POST O	ability company: OFFICE BOX)
	415 NW 12th Street		415 NW 1		<u>,</u>
	DELRAY BEACH, FL 33444	<u> </u>	DELRAY	BEACH, PL 33444	
	01/12/2010		L1000000	4463	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a	,				
J. (a	Registered Agent and Registered Office shown on the records of HINNERS, BRIAN J	f the Florid	a Dept. of Srat		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	S)	_	
	777 E. ATLANTIC AVENUE, SUITE 200				
	DELRAY BEACH F	L		_	20:
	^^	<u></u>		-	24 N
(b))			_	ان الله الله الله الله الله الله الله ال
` `	Enter name of NEW Registered Agent and/or NEW Registere	d Office at	ddress:		2024 APR 10
	Brian J. Hinners				
	NEW Registered Office Address:	•••		_	نن
	415 NW 12th Street				21
	Delray Beach	L_33444			
changagent was/	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rather of organization or the operating agreement of the limited limited limited of a member of the limited l	aws of the register iability c of the lir e limited	red office ar ompany, it i nited liabili liability con an J. Hinner	nd the business office of is hereby confirmed that ty company or as other mpany. s, CEO Printed or typed name of	f the registered at the change(s) wise provided in signee
DV	reby accept the appointment as registered agent and as isions of all statutes relative to the proper and complet bligations of my position as registered agent as provide the proper and complet bligations of my position as registered agent as provided in writing of this change.	gree to ac e perforn led for in I hereby c	et in this cap vance of my Chapter 60 confirm that	pacity. I further agree i duties, and I am famili 5, F.S. Or, if this docu. The limited liability co.	o comply with the ar with ond accept ment is being filed mpany has been
Zight	Rore of Registered Agent				