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Thank you!

COVER LETTER

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TO: Registration Section Division of Corporations	
PARK GROVE LLC SUBJECT:	
Name o	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Augusto Navarro	
Name of Person	
Firm/Company	
2828 COACOOCHEE ST	
Address	
MIAMI FL, 33133	
City/State and Zip Code	
anavarro@sukugroup.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	case call:
Augusto Navarro	305 467-7504 at ()
Name of Person	Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
□ \$25 Filing Fee	□ \$55 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.

(b) Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 2828 COACOOCHEE STREET MIAMI, FL 33133 L16000100509 A 4. Document number records of the Florida Dept. of State: STREET ADDRESS) Registered Office address:
2828 COACOOCHEE STREET MIAMI, FL 33133 L16000100509 a 4. Document number records of the Florida Dept. of State:
MIAMI, FL 33133 L16000100509 a 4. Document number records of the Florida Dept. of State:
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STREET ADDRESS)
Registered Office address:
. F1. ³³³²⁴
er the laws of the State of Fl ddress of the registered offic limited liability company, it tembers of the limited liability