

L16000100603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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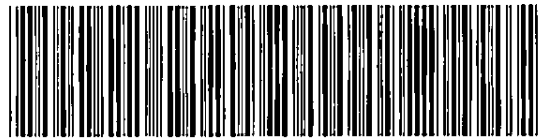
(Business Entity Name)

(Document Number)

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2017 AUG 18 AM 8:45

2nd FLOOR
FALL HARBOR, NY 12741

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FALL HARBOR, NY

AUG 21 2017
J. HARRIS

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 8/18/17
ACCT. I20160000072

en: c SW

Name:	Park Grove 2 LLC
Document #:	
Order #:	10607121

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
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Amount: \$ 25

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK GROVE 2, LLC

Name of 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 matter to the following:

Augusto Navarro

Name of Person

Firm/Company

2828 COACOOCHIEE ST

Address

MIAMI FL 33133

City/State and Zip Code

anavarro@i sukugroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Augusto Navarro

at (305) 467-7504

Name of Person

Area Code & Daytime Telephone Number

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 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.

1. Name of the limited liability company: PARK GROVE 2, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2828 COACOOCHIEE STREET
MIAMI, FL 33133
05/24/2016
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2828 COACOOCHIEE STREET
MIAMI, FL 33133
L16000100603
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:
ROZENCWAIG & NADEL, LLP
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
301 W HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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 2017 AUG 18 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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
Augusto Rivera Printed or typed name of signer

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 605, 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: C T Corporation System
[Signature] Signature of Registered Agent