(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
de la constant de la						

Office Use Only



200429666952

RECEIVED

2024 JUN 18 AH 9: 54

## 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: CENTRAL GR	ROVE ME	MBER HOLI	DINGS, LLC
2. (a)		(	b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	3310 Mary Street Suite 302		3109 GR	AND AVENUE #349
	Coconut Grove, FL 33133		Coconut (	Grove, FL 33133
	02/23/2017		L1700004	1727
3.	Date of filing/registration in Florida	<del></del> 4.	-	Document number
5. (a)				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  NRAI SERVICES, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	PLANTATION F	L_33324		2024 JUNI 18 MM 9: 54
				- 1
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
		<u> </u>		
	Corporation Service Company			27
	NEW Registered Office Address:	••		•
	1201 Hays Street			
	Tallahassee	. 32301		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cless of organization or the operating agreement of the	aws of the e register iability co of the lin	ed office and ompany, it is tited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
				THORIZED PERSON
	ure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl. to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	ree to act e perform ed for in ( hereby c	in this capa ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signature of Registered Agent GRACE E. KIRBY, A				ASST. VICE PRESIDENT