Division of Corporations

Florida Department of State Provision of Guipotations Provision of Guipot

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Cmail	Address:			
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DEFENDING STATES DIVISION SEE FLORIDA

LLC REGISTERED AGENT CHANGE GROVE TECHNOLOGIES, LLC

Certificate of Status	0
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K Rrimbley

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: GROVE TECHNO	DLOGIES, LLC	
2. (a)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/01/20		0094523
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ROLAND, KOREN L		
	Registered Agent and Registered Office shown on the records of		
	3444 EARL WAY		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	THE VILLAGES	32163	
	, F.	·	
(b)	Northwest Registered Agent LLC		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	APP 2023 AUG
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , F1	33702	<u> </u>
the cha agent : was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the State of the registered of ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	1139 January 20	Nat Smith	
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifig	by accept the appointment as registered agent and agrients 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. It din writing of this change.	performance of d for in Chapte	f my duties, and I am Jamiliar with and accept r 605, F.S Or, if this document is being filed
- / l/-	- Aggistant G	ecretary	
Signati	ire of Registered Agent		