K20000 117603

(Requestor's Name) (Address)	200373		
(Address)	200010		
(City/State/Zip/Phone #)	09/23/210		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO:	_	stration Section sion of Corporations		
SUBJE	FCT·	GROVE ONE PROPERTIES, LLC		
50201		Nar	ne of Limited	d Liability Company
Dear Si	ir or N	/ladam:		
The en	closed	Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.
Please	return	all correspondence concerning th	is matter to the	the following:
Nathali	ie de C	orral		
		Name of Person		
Trust C	Counse	I, PLLC		
		Firm/Company		
201 All	hambra	a Circle, Suite 802		
		Address		
Coral C	Gables,	FL 33134		
		City/State and Zip Code		
decorra	al@trus	stcounsel.com		
E	-mail	address: (to be used for future and	nual report no	otification)
For fur	ther in	nformation concerning this matter	, please call:	
Nathali	ie de C	orral	305 at (707-7126
		Name of Person	(Area Code & Daytime Telephone Number
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Encl	osed is a check for the following	g amount:	
	■ \$2	25 Filing Fee	0	\$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.

l. Na	me of the limited liability company: GROVE ONE PR	ROPERT	TES, LLC		
2. (a)	GROVE ONE PROPERTIES, LLC		(b) GROVE	ONE PROPERTIES	
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi	
	14950 SW 76 STREET		P.O. BOX	(1955	
	PALMETTO BAY, FL 33158		PEORIA,	IL 61656	
•	04/30/2020		L20000113	7603	
3.	Date of filing/registration in Florida	- 4.		Document number	r
5 (a)	PETROV, CONRADO V				
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Star	te:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	_	
	14950 SW 76 COURT		- ,-	_	207
	PALMETTO BAY, FL	33158		_	2021 SEP
(b)	TRUST COUNSEL, PLLC				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				P(
	C/O NATHALL de CORRAL NEW Registered Office Address:			_	PH12: 19
	201 ALHAMBRA CIRCLE, SUITE 802				
	CORAL GABLES , FI	33134	-	_	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of of the li limited	red office an company, it i mited liabilit liability con	id the business offices s hereby confirmed ty company or as of	ce of the registered I that the change(s)
Signat	ure of a member or authorized representative of a member			Printed or typed name	e of signee
provision the oblination of th	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if if writing of this change. The of Registered Agent	ree to a perfori d for in hereby	ct in this cap nance of my Chapter 603 confirm that	acity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been