

121 0000 25287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

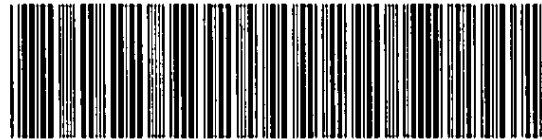
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 JAN 18 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

JAN 20 2022



RECEIVED

2022 JAN 18 AM 8:04

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FL

January 8, 2022

LINDA ZANT  
13218 W BROWARD BLVD  
PLANTATION, FL 33325

SUBJECT: GROVE FREEPORT QOZB, LLC  
Ref. Number: L21000025287

We have received your document for GROVE FREEPORT QOZB, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 222A00000587

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grove Freeport QOZB 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:

Linda Zant  
Name of Person

Sabal Hill LLC  
Firm/Company

13218 W. Broward Blvd  
Address

Plantation FL 33325  
City/State and Zip Code

Zant@sabalhill.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Zant at ( 954 ) 261-0900  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Grove Freeport ROZA LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

13218 W Broward Blvd  
Plantation FL 33325

Same

3. 1/27/21 Date of filing/registration in Florida 4. L21000025287 Document number

5. (a) Corporation Service Company  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 Hays St  
Tallahassee, FL 32301

(b) Peter C Gardner  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
13218 W Broward Blvd  
Plantation, FL 33325

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.

Peter C Gardner  
Signature of a member or authorized representative of a member

Peter C Gardner  
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 obligation 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.*

Peter C Gardner  
Signature of Registered Agent

**FILED**  
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TALLAHASSEE, FL