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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 : (855)330-1010

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LLC REGISTERED AGENT CHANGE GROMARKS LLC

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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. Na	nne of the limited liability company: GROMAI	RKS LL	.C
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/20/2021 Date of filing/registration in Florida	L2:	1000035615 Document number
5. (a)	SUPERBIZ REGISTERED AGENT, INC. Registered Agent and Registered Office shown on the records of 5647 110TH AVENUE NORTH Registered Office Address (MUST BE FLORIDA STREET)	or, of State:	
(b)	ROYAL PALM BEACH FILE. Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	33411	FIL 2021 DEC -8 SLUM SARA FALLAHASSE
	7901 4th St N NEW Registered Office Address: STE 300		FILED DEC -8 AM 10: 58 H. JANGE OF STATE AHASSEE, FLORIDA
	St. Petersburg	33702	
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registere ability comp of the limited	ed office and the business office of the registere cany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Rilly Pak.	Riley F	Printed or typed name of signee
I here provis the ob to mer notifie	the of a member or authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a printing of this change. Bill Havre - Assistance of Registered Agent	e perjormanci ed for in Cha	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed from that the limited liability company has been