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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : REGISTERED AGENTS INC.	
	Account Number : 120090000081	
	Phone : (307)200-2803	55
	Fax Number : (855)330-1010	•
Entor tho	amail address for this business society to be use	al fau fortour
	email address for this business entity to be use	
annual	l report mailings. Enter only one email address pl	lease.** /.
Email	Address:	••
		57 jan

## LLC REGISTERED AGENT CHANGE GRUB PROPERTIES, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

FEB 03 2023

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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. N	ame of the limited liability company: GRUB F	ROPE	RHES, LLC		
2. (a)	Principal office address of limited hability company:	(b)			
	(Note: MUST BE STREET ADDRESS)	Mailing address ( <u>Note: MAY</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	05/27/21		.2100024840		
3.	Date of filing/registration in Florida	4.	Document n	umber	
5. (a)			·——···		
	Registered Agent and Registered Office shown on the records of	Dept. of State:			
	209 Hendricks Isle				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	FT LAUDERDALE			20 13	
(b)	Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Registered		ess.	2023 FER - 2 PH 1: 47	
	7901 4th St N			iLED 2 PM	
	NEW Registered Office Address			55 T	
	STE 300		·	7	
	St. Petersburg	<sub>1.</sub> 33702			
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the way.	of the registe liability con s of the limit ne limited lia	ered office and the busi npany, it is hereby conf ed liability company or	iness office of the registered irmed that the change(s)	
Signa	sture of a member or authorized representative of a member			ed name of signee	
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.  Taylor Newman - Assista	le performat	ice of my duties, and L apter 605, F.S. Or, if, firm that the limited lid	am familiar with and accep.	

Signature of Registered Agent