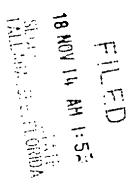
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•	(Requestor's Name)				
(Address)					
	(Address)				
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PICK-UP	WAIT [MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Sta	tus			
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Account#: 120000000088

Date: November 14, 2018	
Name:KEN HOWELL	
Reference #:	
Entity Name: GROVE RESORT AND SPA DEVELOPE	R I, LLC
☐ Articles of Incorporation/Authorization to Transact □	Business
Amendment	
☑ Change of Agent	ICCUTO2 CALI
Reinstatement	ISSUES? CALL KEN:
Conversion	518-213-0738
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25.00 Signature: Munul file	

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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.

i. Na	ame of the limited liability company:GRO	VE RESOR	T AND SPA DEVELOPER I, LLC
2. (a)	40 DANBURY ROAD	(b)	40 DANBURY ROAD
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	WILTON, CT 06897		WILTON, CT 06897
	02/29/2016		M16000001722
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	TALLAHASSEE , FL	32301-2	525 8 T T
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	115 North Calhoun Street, Suite NEW Registered Office Address:	4	1: 53 1: 53
	Tallahassee , FL	32301	<u> </u>
the cha agent v was/we	imited 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 li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability compa of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/S/ Marc Porosoff		Marc Porosoff
_	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mero notified	by accept the appointment as registered agent and agi ions 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, I d in writing of this change.	ree to act in to performance d for in Chap hereby confir	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed im that the limited liability company has been
Simot	/S/ Tim Mayville		
Sikhan	re of Registered Agent Tim Mayville, Assistant Sec	retary	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00