11160000004962

(Re	questor's Name)					
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(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: Novembe	r 14, 2018		Account#, 120000000000			
Name:KEN H	IOWELL					
Reference #:	1008703					
Entity Name: GROV	E RESORT AND SE	PA DEVELOPER III, LL	<u>.c</u>			
Articles of Incorp	ooration/Authorizati	on to Transact Busine	ess			
Amendment						
Change of Agen	t		ISSUES? CALL			
Reinstatement			KEN:			
Conversion			518-213-0738			
Merger						
☐ Dissolution/With	drawal					
☐ Fictitious Name						
Other						
Authorized Amount	\$25.00	<u></u>	-			
Signature:	Mul/					

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	ame of the limited liability company: GROVE RESORT AND SPA DEVELOPER III, LLC					
2	(a)	40 DANBURY ROAD	(b)	40 DANBURY RO	AD	
(()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		WILTON, CT 06897			WILTON, CT 0689	97	
		06/21/2016	_		M16000004962		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CORPORATION SERVICE COM	PANY				
J. (0	()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e :		
		1201 HAYS STREET					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•		
			. <u></u>		•		
		TALLAHASSEE FI	3230	1-2525		18 NOV 14	
		,,,,	-			NO.	
	(b)	COGENCY GLOBAL INC.				=	******
,		Enter name of NEW Registered Agent and/or NEW Registered Office address:		[至	[7]	
		445 North Calbarra Street Suite			بو ـ مدي بيدا	. ~	O
		115 North Calhoun Street, Suite NEW Registered Office Address:	4	<u>.</u>	-	5	•
		The state of the s	_		-	ie .	
		Tallahassee .F[3	2301			
the age	cha ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited linguistry and the members of the members of the organization or the operating agreement of the	ws of the f the regis ability co	stered office impany, it is ited liability	e and the business office is hereby confirmed that if y company or as otherwi	of the reg the chang	gistered e(s)
		/S/ Marc Porosoff			Marc Porosoff		
		ure of a member or authorized representative of a member		_	Printed or typed name of sig		
pro the to	ovisie obli mere	ly accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act perform d for in (hereby co	in this capt ance of my thapter 605 onfirm that	acity. I further agree to duties, and I am familiar i, F.S. Or, if this docume the limited liability comp	comply w with and ent is bein cany has	vith the laccept ng filed been
		/S/ Tim Mayville					
Si	gnatur	e of Registered Agent Tim Mayville, Assistant Sec	retary				

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