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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: November	14, 2018		Account#: I20000000088			
Name: KEN HC	DWELL					
Reference #:	1008703	-				
Entity Name: GROVE	RESORT AND SE	PA MANAGER, LL	<u>c</u>			
Articles of Incorpo	ration/Authorization	to Transact Busine	ss			
Amendment						
✓ Change of Agent			ISSUES? CALL			
Reinstatement		KEN:				
Conversion			518-213-0738			
Merger						
Dissolution/Withdo	rawal					
☐ Fictitious Name						
Other						

Authorized Amount:

Signature:

\$25.00

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.

. Nar	me of the limited liability company: GR	OVE RESORT AND SPA MANAGER, LLC			
. (a) _	40 DANBURY ROAD		b)	40 DANBURY ROAD	
. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WILTON, CT 06897			WILTON, CT 06897	
	06/21/2016	- ,		M16000004966 Document number	
	Date of filing/registration in Florida	4.		Document number	
(a)	CORPORATION SERVICE COM			_	
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	e:	
	1201 HAYS STREET	_		_	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRF.	<u>22</u> 7		
	TALLAHASSEE , FL	32	301-2525	-	
(b)	COGENCY GLOBAL INC.				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	TALE SEL	
	115 North Calhoun Street, Suite	4		SELUL HASSI	
	NEW Registered Office Address:			AHASSEE A	
				AMIL: 25	
	Tallahassee, FI		32301	10 min 12	
e char gent w as/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg ability of the li	gistered offic company, it i mited liabilit	e and the business office of the register is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
P!anab	/S/ Marc Porosoff ture of a member or authorized representative of a member	_		Marc Porosoff Printed or typed name of signee	
hereb rovisio e obli mere	by accept the appointment as registered agent and aging one of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to a perfor ed for ir hereby	ct in this cap mance of my Chapter 60. confirm that	pacity. I further agree to comply with the	

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

Tim Mayville, Assistant Secretary

Signature of Registered Agent