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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com %

Date: October 30, 2020

Order#: 462358-026

Re: CORKSCREW GROVE MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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. 3	Name of the limited liability company:CORKSCREW G	GROVE MANAGEMENT, LLC
2. (a	3602 COLONIAL COURT	(b) 3602 COLONIAL COURT
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT MYERS, FL 33913-6636	FORT MYERS, FL 33913-6636
	09/19/2016	M16000007425
3.	Date of filing/registration in Florida	4. Document number
5. (C T CORPORATION SYSTEM	r~2
5. (a)	Registered Agent and Registered Office shown on the records of to 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS) ω
	PLANTATION, FL	
	Corporation Service Company NEW Registered Office Address: 1201 Hays Street	
		32301
chan agen was/ the a	ge or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members or ticles of organization or the operating agreement of the l	bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in
	nature of a member or authorized representative of a member	Jill Cilmi, Authorized Person
I hei provi the o to me notif	rehy accept the appointment as registered agent and agre	Printed or typed name of signee ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been

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

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	09/19/2016		N	M16000007425
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)	CT CORPORATION SYSTEM			. W
J. (a	Registered Agent and Registered Office shown on the records of	f the Flori	da I	a Dept. of State:
	1200 SOUTH PINE ISLAND ROAD			a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			3)
				PE
			_	 ·
	PLANTATION , F.	L33324	· 	<u> </u>
	Corporation Service Company NEW Registered Office Address:			
	1201 Hays Street			
			_	
	Tallahassee	L 32301		
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability of of the li e limited	rec con mit I lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
	Xiu & alemi	Jil —	I C	Cilmi, Authorized Person
-	ature of a member br authorized representative of a member			Printed or typed name of signee
provis the ob to mei notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac e perforn ed for in hereby (ct i nar Cr cor	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signat	ure of Registered Agent			
Grace	E. Kirby, Asst. Vice President of Corporation Service Company			

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