M17 000000330

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
, , , ,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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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: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 22, 2020

Order#: 430161-001

Re: 110 GROVE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Ashley Seeman

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.	Na	me of the limited liability company: 110 GROVE L	LC			
2.	(a)			(b)	_	
	` ′	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·· ·	(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2 S UNIVERSITY DR, STE			2 S UNIV	ERSITY DR, STE
		325 FT LAUDERDALE, FL 33324			325 FT L	AUDERDALE, FL 33324
		01/12/2017			M1700000	0330
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	POLLER, NEALE J				
σ.	(4)	Registered Agent and Registered Office shown on the records of	of the Flori	ida I	Dept. of State	:
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>SS)</u>		
		2 S UNIVERSITY DR, STE 325				
		FT LAUDERDALE	33324			
,	(b) _.	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	ed Office	ıddı	C555:	
		1201 Hays Street				
		Tallahassee, F	L_32301			
cha age was	nge nt w s/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members these of organization or the operating agreement of the	ne registe liability of of the li	red om mit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Gary Stellato				Gary Stellato, Authorized Person		
	-	are of a member or authorized representative of a member				Printed or typed name of signee
pro the to n	obli, nere	y accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providly reflect a change in the registered office address, lin writing of this change.	gree to ac e perforn ed for in hereby c	et ir nan Ch con	n this capac ice of my di apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Sign	natur	of Registered Agent				
		E. Kirby, Asst. Vice President of Corporation S Division of Corporations P.O.				ee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)