## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE **GROOT ENTERTAINMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$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.

1 31-	me of the limited liability company:  GROOT ENTERT.	AINMEI	NT LLC			
I. Na	1680 MERIDIAN AVE.		(b) 1680 MERIDIAN AVE.			
2. (a)	Principal office address of limited liability company:  (Nate: MUST BE STREET APDRESS)  SUITE 303		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE ROX)  SUITE 303			
	MIAMI BEACH, FL 33139	-	MIAMI BEACH, FL 33139  M18000002027  Document number			
	02/27/2018  Date of filing/registration in Florida	4.				
3.	GRUTMAN, DAVID					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1680 MERIDIAN AVE.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 303			2021	31V15	
	MIAMI BEACH , FL 33139			2021 AUG 10	CKET	
(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered  801 US Highway 1	10 AM 10:	F CORPORATIONS			
	NEW Registered Office Address:	7	. <b></b>			
		33408				
change agent	imited liability company is not organized under the law cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	bility co f the lin limited	ompany, it is nited liability liability com	hereby confirmed that the change(s) company or as otherwise provided	)	
Signa	sture of a member or authorized representative of a member			Printed or typed name of signee		
	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	l főr in v ereby c	Chaptér 605, confirm that t	F.S. Or, if this document is being f he limited liability company has bee	the cept iled n	
	are of Registered Agent Carlos M Alva	arez, S	hacısı pacıı	etal y		