Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : 120000000088 Phone : (800)221-0102

: (800)944-6607 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

| Email | Address: | |
|-------|----------|--|
| | | |

LLC REGISTERED AGENT CHANGE GROOT HOSPITALITY LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

Help

| | COVER LETTER. | | | | | |
|--|-------------------------------------|---|---|----------------|--|------|
| TO: Res | gistration Section | | . , | | | |
| | vision of Corporations | | i. | | | |
| 0101007 | Groot Hospitality LLC | | · | | | |
| SUBJECT | Name of Limited Liability Company | | | | | |
| Dear Sir or | | | - - | | | |
| | | | ! . | | | |
| The enclose | ed Registered Agent/Registered Of | fice Change and | fee(s) are submitted for fi | ling. | | |
| Please retur | n all correspondence concerning th | is matter to the | following: | | | |
| Megan Ro | ockwell | | | | | |
| | Name of Person | | - - | | | |
| Littman K | rooks LLP | | | | | |
| | Firm/Company | | | | | |
| CCC Third | Avenue 20th Floor | | _ | | | |
| | | | 58 | | | |
| | Address | | • | | | |
| New York | , NY 10017 | | ı | | | |
| | City/State and Zip Code | | _ | | | |
| Dave@Gr | rootHQ.com | | | | | |
| E-mail | address: (to be used for future ann | ual report notifi | cation) | | | |
| For further in | nformation concerning this matter, | please call: | .: | | | |
| Megan Ro | ockwell | 212 | 490-2020 | | | |
| ——— | Name of Person | 212 at (| 490-2020) Area Code & Daytime To | lephone Number | | |
| eren | APPT/CAUDIED ANNDESS. | MA | AILING ADDRESS: | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | gistration Section | | | |
| | | | rision of Corporations | | | |
| | | P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| | | | | | | Encl |
| | 25 Filing Fee | | 5-Filing five & Certified C | ору | | |
| NHS18 (2/14 | - | | | | | |
| • | • | | | | | |

From:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

State of the second

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. N | lame of the limited liability company: Groot Hospita | ality Ll | .C | |
|---------|---|---|---|---|
| 2. (a) | 1680 Meridian Avenue | | _(b) 1680 M | eridian Avenue |
| z. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Suite 303 | | Suite 30 | 13 |
| | Miami Beach, FL 33139 | | Miami B | each, FL 33139 |
| | February 27, 2018 | _ | M180000 | 002028 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a | David Grutman | .1 *** * | 1 6 | • |
| | Registered Agent and Registered Office shown on the records of 2201 Sunset Drive | the Horic | іа пері, от ави | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 温黄工 |
| | | | | 語でも |
| | Miami Beach , FL | 33140 |) | |
| (h) | David Grutman | | | HALLED MIC OT AND |
| (11) | Enter name of NEW Registered Agent and/or NEW Registered | Office at | idress: | |
| | 1680 Meridian Avenue | | | Ti re |
| | NEW Registered Office Address: | | | |
| | Suite 303 | | | |
| | Miami Beach , FL | 22139 | · · · · · · · · · · · · · · · · · · · | |
| the cha | fimited liability company is not organized under the law ange or changes are made, the Florida street address of 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 | the regi bility of the lin limited | stered office ompany, it is nited liability | the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in pany. |
| Stgna | ture of a niember or authorized representative of a member | | | Printed or typed name of signee |
| | by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete plantions of my position as registered agent as provided by reflect a change in the registered office address. I have reflected of this change. | ve to ac verform I for in t vereby c | t in this capa anze of my a Chapter 605, anjirm that t | wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |
| Signatu | ne of Registered Agent | | | |