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CORPORATION SERVICE COMPANY

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CONTACT PERSON: Amanda Miller

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 474812 4335667 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: May 22, 2024 ORDER TIME: 12:48 PM ORDER NO. : 474812-064 CUSTOMER NO: 4335667 CHANGE OF AGENT NAME: GROVE POINT INVESTMENTS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER'S INITIALS:

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	nme of the limited liability company: _	GROVE POINT INVESTMENTS, LLC				
	(a)	2440 Research Boulevard, Suite 500			b)		
۷.	ω	Principal office address of limited liab (Note: MUST BE STREET AD		_ `	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Rockville, MD 20850		_			
		04/29/2021			M2100000	05170	
3.		Date of filing/registration in I	·lorida	4.		Document number	
5.	(a)	C T Corporation System					
	(α)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				te:	
		1200 South Pine Island Road					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	
		Plantation	, FL	33324		- -	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- : ;		
		since make of <u>regree registered present</u> and of				÷'	
		Corporation Service Company			<u> </u>		
		NEW Registered Office Address:		.		<u>.</u>	
		1201 Hays Street				_	
		Tallahassee	, FL	32301		_	
cha age wa the	ange ent w s/we artic	or changes are made, the Florida street vill be identical. Or, in the case of a Florica authorized by an affirmative vote of cles of organization or the operating age /s/ Jill Cilmi	ed under the law t address of the orida limited lia the members o reement of the l	vs of the register bility co f the lim limited l	ed office an ompany, it i nited liabilit liability con	s hereby confirmed that the change(s) by company or as otherwise provided in inpany. orized Person	
	•	ure of a member or authorized representative of				Printed or typed name of signee	
pro the to t	ovisio obli nere	ons of all statutes relative to the proper gations of my position as registered ag Iv reflect a change in the registered off	' agent and agre ' and complete p ent as provided lice address, I h	ee to act perform I for in C ereby co	in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
noi	ijied	d'in writing of this change.		Corporation Service Company			
Signature of Registered Agent Ami N				i M. Casper, Asst. Vice President			