

.

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.

. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) BROAD STREET #3(0)	
	855 W BROAD STREET #300		855 W I		
	BOISE, ID 83702		BOISE, 1D 83702		
	12/08/2023		M240000	00449	
	Date of filing/registration in Florida	4.	<u></u>	Document number	
	Registered Agent and Registered Office shown on the records o LEGALINC CORPORATE SERVICES INC		•		
	Registered Office Address (MUST BE FLORIDA STREE 476 RIVERSIDE AVE	<u>ADDRE.</u>	<u>SS)</u>	SELUT	
				2024 MAR - 7 SELULLAHAS	
(b)	476 RIVERSIDE AVE JACKSONVILLE, I	L		2024 MAR - 7 AMI SELATAHASSE	
(b)	476 RIVERSIDE AVE	L		2024 MAR - 7 AMII: 0 SELUCLAHASSEE. PL	
(Ե)	476 RIVERSIDE AVE JACKSONVILLE, I	L		2024 MAR - 7 AMII: 09 SELITLAHASSEE FLE	
(b)	476 RIVERSIDE AVE JACKSONVILLE, I Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	L		2024 MAR - 7 AMII: 09 SELATIONASSEE PLE	
(b)	476 RIVERSIDE AVE JACKSONVILLE, F Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporate Creations Network Inc.	L	nddress:		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Tiffany Meeker	Tiffany Meeker, Attorney-inFact for GRH MANAGEMENT LLC-Manager
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tiffany Meeker Tiffany Meeker, Special Secretary

Signature of Registered Agent

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