

M240000002363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

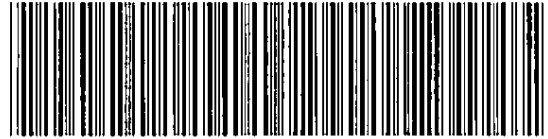
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN 18 2024

Office Use Only



900429667149

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUN 18 AM 11: 29

RECEIVED

2024 JUN 18 AM 11: 29

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. Name of the limited liability company: GROVE SHARED SERVICES, LLC

2. (a) <u>Principal office address of limited liability company:</u> (<i>Note: MUST BE STREET ADDRESS</i>) <u>3310 Mary Street Suite 302</u> <u>Coconut Grove, FL 33133</u>	(b) <u>Mailing address of limited liability company:</u> (<i>Note: MAY BE POST OFFICE BOX</i>) <u>3109 GRAND AVENUE #349</u> <u>COCONUT GROVE, FL 33133</u>
--	--

3. <u>02/22/2024</u> Date of filing/registration in Florida	4. <u>M24000002303</u> Document number
--	---

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

RECEIVED
 FEB 22 2024
 TALLAHASSEE, FL
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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.

<u>Jill E. Cilmi</u> Signature of a member or authorized representative of a member	JILL CILMI, AUTHORIZED PERSON 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.

<u>Grace E. Kirby</u> Signature of Registered Agent	GRACE E. KIRBY, ASST. VICE PRESIDENT
--	--------------------------------------