(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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Office Use Only



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2024 JUN 8 AM II: 29

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

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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.

i.	Na	me of the limited liability company: GROVE SHARE	D SER	VI•	ICES, LLC			
2.	(a)		(1	b)				
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				iling address of limited Note: MAY BE POST		
		3310 Mary Street Suite 302			3109 GRANI	D AVENUE #349		
		Coconut Grove, FL 33133	_		COCONUT	GROVE, FL 33133		
		02/22/2024		ı	M240000023	303		
3.		Date of filing/registration in Florida	4.	_	. Do	ocument number		
5	(a)							
٥.	(11)	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				17 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
		PLANTATION FL	33324					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company						
					<u>11 CSS</u> .			
						· ග		
		NEW Registered Office Address:	_					
		1201 Hays Street		_				
		Tallahassee , FL	32301					
ch ag wa the	ange ent w is/we arti	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register bility co f the lin limited	ec on nit lia	d office and the npany, it is he ted liability compa- ability compa-	he business office of ereby confirmed the company or as other	of the registered at the change(s) rwise provided in	
Signature of a member or authorized representative of a member					Printed or typed name of signee			
I) pro the to no	herek ovisie obli mere tiftea	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to act perform I for in G ereby c	t i iai Cl	in this caracit	iv I further avree	to comply with the	
Si	gnatui	Drace Cokubly e of Registered Agent	RACE	E.	KIRBY, AS	SST. VICE PRESID	DENT	