

PO8783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

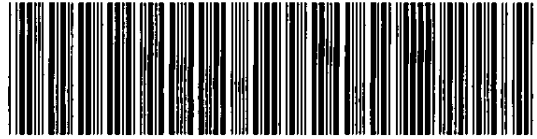
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*BA  
Change*

02/02/10--01022--009 \*\*35.00

FILED  
2010 FEB 16 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*X00789, 00524, 00671*

*BA  
2/17/10*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2010

Paula Hendrickson  
The Grove, Inc.  
3 Westbrook Corp Center, Suite 500  
Westchester, IL 60154

SUBJECT: THE GROVE NATURAL SNACKS INC  
Ref. Number: P08783

We have received your document for THE GROVE NATURAL SNACKS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is for an alien (out of the country) business organization and yours is a domestic (Florida) corporation. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 910A00002926

RECEIVED  
10 FEB 16 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Grove, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P08783

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Hendrickson  
Name of Contact Person

The Grove, Inc  
Firm/Company

3 Westbrook Corp Center, Suite 500  
Address

Westchester, IL 60154  
City/State and Zip Code

phendrickson@grovesnacks.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Hendrickson at (708) 409-3212  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of LA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Grove Inc
- 2. The principal office address: 3 Westbrook Corp Center, Suite 500  
Westchester, IL 60154
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/08/1986 Document number: PC8783
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mark Schott  
40 The Grove 9041 Airport Blvd #B  
ORLANDO, FL 32827

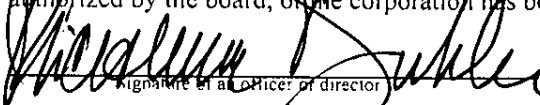
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 TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


HANUEL ANTONIO ARTEAGA BONILLA  
4824 TYLER LAKE CT  
P.O. Box NOT acceptable  
ORLANDO, FL 32839

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Michelle Dukler President, CEO  
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 2/11/2010  
(Registered Agent accepting appointment) Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***