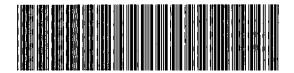
911000013190

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	:
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COVER LETTER

Division of Corporations
SUBJECT: FOXGROVE HOLDINGS MANAGEMENT, INC.
Name of Corporation
DOCUMENT NUMBER: P11000013190
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:
PETER Z. KAMENESH, ESQ. Name of Contact Person
Name of Contact Person
LAW OFFICES OF PETER Z. KAMENESH, P.A.
Firm/Company
2601 S. BAYSHORE DRIVE
Address
MIAMI, FL. 33133
MIAMI, FL. 33133 City/State and Zip Code
DETERZIONAL COM
PETERZK@AOL.COM E-mail address: (to be used for future annual report notification)
2 man address. (to our about for railing annual report notification)
For further information concerning this matter, please call:
PETER 7 KAMENESH ESO 305 395 3305
PETER Z. KAMENESH, ESQ. at (305) 285-3205 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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

Amendment Section

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: FOXGROVE HOLDINGS MANAGEMENT, INC.
2. The principal	office address: 60 SW 13TH STREET; UNIT 1002
MIAMI, FL	. 33130
	ddress (if different): 100 SE 2ND STREET; SUITE 2311
4. Date of incorp	poration/qualification: 02/07/2011 Document number: P11000013190
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	KNOLL, RUBEN
	2601 S. BAYSHORE DRIVE; PH 1-A
	MIAMI, FL. 33133
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	KNOLL, RUBEN
	60 SW 13TH STREET; UNIT 1002
	P.O. Box NOT acceptable MIAMI, FL. 33130
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Net. Signatur	PETEL LAMENESH, KSQ e of an officer or director Printed or typed name and title
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
letal	nature of Registered Agent Date
•	half of an entity:
T	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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