| Current Ma | lling Address: | | | |
|--|--|-----------------|-----------------------------------|------------|
| | T STREET, SUITE 301 IE, FL 32901 | | | |
| FEI Number: 37-1761759 | | | Certificate of Status Desired: No | |
| Name and Address of Current Registered Agent: | | | | |
| FLAVIN NOONEY & PERSON 2200 S. BABCOCK STREET MELBOURNE, FL 32901 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE | E: THOMAS P. FLAVIN | | | 05/01/2018 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | D | Title | D | |
| Name | CIRELLI, PIERINA | Name | CIRELLI, GIOVANNI | |
| Address | 2200 FRONT STREET, SUITE 301 | Address | 2200 FRONT STREET, SUITE 30 | 1 |
| City-State-Zip: | MELBOURNE FL 32901 | City-State-Zip: | MELBOURNE FL 32901 | |
| Title | REGISTERED AGENT | | | |
| Name | FLAVIN NOONEY & PERSON CPAS | | | |
| Address | 2200 S. BABCOCK STREET | | | |
| City-State-Zip: | MELBOURNE FL 32901 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FLAVIN NOONEY & PERSON CPAS

Electronic Signature of Signing Officer/Director Detail

REGISTERED AGENT

05/01/2018

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058996

Entity Name: GP5559 HOLDINGS, INC.

Current Principal Place of Business:

2200 FRONT STREET, SUITE 301 MELBOURNE, FL 32901

Current Mailing Address:

Date