A11000000846

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Ra Change

SEP 11 2018 D CUSHING



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: August 16, 2018

Order#: 342745/043

Re: GTN INVESTMENTS, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

.Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

18 SEP -6 PM 4: 22



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: September 4, 2018

Order#: 342745/043

Re: GTN INVESTMENTS, LP

Enclosed please find:

XX Change of Registered Agent and Office. Check in the amount of \$35

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



August 22, 2018

ANTHONY ARTHUR CORPORATION SERVICE COMPANY 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808

SUBJECT: GTN INVESTMENTS, LP

Ref. Number: A11000000846

We have received your document for GTN INVESTMENTS, LP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A general partner must sign the document.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 918A00017361

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I GTN INVESTM					
Name of Limited Partnership or Limited	Liability Lin	nited Partnershi	p		
2. 11/17/2011	3.	A110000			
Date of filing/registration in Florida		Florida docume	nt number	_	
4. The name of the registered agent and the registered offic Department of State:	ce address as s	shown on the re	cords of the Flori	da	
NRAI SERVICE	S, INC.				
Name	· · · · · ·				
1200 SOUTH PINE ISLAND ROAD					
Address	·- <u>-</u>	<u>. </u>			
PLANTATION	FL	33324			
City, State and	Zip				
5. The name and Florida street address of the new registere	ed agent and/o	or office:			,
Corporation Service	. Company	<i>,</i>			# X 0,
Name		<u>′</u>		လ <u>်</u> သ	
1201 Hays Street				F .	2. · · ·
Florida street address (P.O. Box not acceptable)				2	- (1.5 - (3.5
Tallahassee	FL.	32301		_0 	
City, State and Zip			Ę.	์ ย >	
6. Such change(s) is/are effective when filed by the Florida	n Department	of State.		22	SE TWO
Saul Clair					37
Signature of General Partner Jill Cilmi. Vice President On Behalf of GTN GP. LLC, General Partner I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with an accept the obligations of my posit Corporation Service Company By: Signature of Registered Agent	per and comp	olete performan			
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	•				