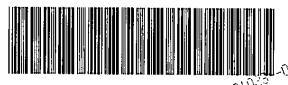
B210000000015

(Red	questor's Name)	-
(Add	dress)	
(Add	dress)	
•	,	
(C:h	(Chaha FZ) (D)	- 15
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(23)	Allows Ellicky Hall	,
(LOC	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer	
	anig Omoon.	

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	IECT: GDA LUMA CAPITAL MANAG	GEMENT, LP		
	Name of Limited Partners	ship or Limited Liability Limited Partnership		
DOC	UMENT NUMBER:			
	nclosed Statement of Change of Reare submitted for filing.	gistered Office and/or Registered Agent and		
Please	e return all correspondence concern	ing this matter to:		
Joshua	ı Ginter			
	Contact Person			
GLOB	IAL VIRTUAL AGENT SERVICES, INC			
	Firm/Company			
651 N	Broad Street, Suite 308			
•	Address			
Middle	etown, DE, 19709			
	City, State and Zip Code			
compl	ianceta agilelegal com			
E	-mail address: (to be used for future annua	l report notification)		
For fu	orther information concerning this n	natter, please call:		
Joshua	Ginter Cinter	at (<u>302</u>) <u>376-6710</u>		
	Name of Contact Person	Area Code and Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable	to the Florida Department of State.		
Mailii	ng Address:	Street Address:		
Regist	tration Section	Registration Section		
	on of Corporations	Division of Corporations		
	Box 6327	The Centre of Tallahassee		
Tallah	passee, F1, 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

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 fiability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

' ·	A CAPITAL MANA			
	Name of Limited Partnership or I	•	·	
<u></u>	01/07/2021 3.B210000000			
Date of filing/registration in Florida		Fl	Florida document number	
4. The name of the Department of State	registered agent and the registere	ed office address as sh	own on the records	of the Florida
	GLOBAL VIRTUAL A	GENT SERVICE	ES, INC.	
	N	ame		•
	5702 TANAGERLAKE RD.			i
	Ac	ldress		
	LITHIA. FL 33547-5869			•
	City, St	ate and Zip		- , -
5. The name and FI	orida street address of the new re	egistered agent and/or	office:	1
	GLOBAL VIRTUAL A	GENT SERVICE	ES, INC.	
		ame		•
	1408 Harbour Walk	Rd.		
	Florida street address (P.O. Box not acceptal	blei	
	Tampa	_{FL} 33	3602	
	City, Sta	ite and Zip		
6. Such changers) i	stare effective when filed by the	Florida Department of _	l'State.	
comply with the pro	appointment as registered agent visions of all statutes relative to t ith an accept the obligations of a LIMAC red Agent	the proper and comple	ete performance of n	r agree to ny duties.

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50