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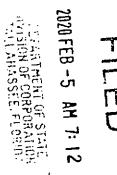
(Requestor's Name)
(Address)
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(133,333)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAR 0 2 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 3, 2020

Order#: 153402-029

Re: DEERPARK GP SPE, INC.

Enclosed please find:

XX____ Change of Registered Agent and Office.

 $XX_{_}$ Check in the amount of \$35.00.

Please take the following action:

XX __ File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

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

XX Return envelope is also enclosed for your convenience.

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

OUCA.XCOA

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

statement of chai	nge is sul	s of sections 607,0502, 61 mitted for a corporation ge its registered office or i	organized w	nder the law	vs of the State of	DE	<u> </u>	
1. The name of t	he corpoi	ation: DEERPARK GP S	PE, INC.				<u> </u>	
2. The principal	office add	dress: 1170 Peachtree ST	Γ., NE. Suite	2000 Atlan	ita, GA 30309			
		different):						_
4. Date of incorp	oration/c	ualification: 04/24/2014	<u> </u>	Document r	number:F1400	00001787		-
		dress of the current regist State: (If resigned, enter n		nd registere	d office on file v	with the		
	СТСО	RPORATION SYSTEM						
	1200 SOUTH PINE ISLAND ROAD						202	
	PLANTATION, FL 33324					11 C	OFEI	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office					HASSEE.F	8-5 AM	1
	Corporation Service Company					— RAS		
	1201 Hays Street						12	
		P.O. Box NOT acceptable						
	Tallaha	ssee		FL	32301	_		
The street addre as changed will	ss of its be identi	registered office and the cal.	street addres	ss of the bu	siness office of	its registered	l agent,	
Such change was authorized by the	is authori ie board,	zed by resolution duly ac or the corporation has be	dopted by its een notified	s board of c in writing c	lirectors or by a of the change.	an officer so		
Xie	e O	agni	Jill C	ilmi, Vice F	resident			
Signatui	re of an offic	er or director	<u>-</u>		ed or typed name and	d title		
I further agree to of my duties, an document is being corporation has	o comply d I am fa ng filed r heen no	intment as registered age with the provisions of a miliar with and accept the merely to reflect a changuified in writing of this close Company	ıll statutes re he obligation e in the regi:	elative to th n of my pos	e proper and co ition as register	red agent. O	r, if this	i
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ار	Kubla	01/3	1/2020	No.			
If signing on be	half of a	n entity:			Date			
Grace E. Kirby,	Asst. Vic		-					

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)