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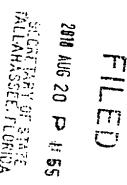
(Re	questor's Name)						
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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscqlobal.com

Date: August 16, 2018

Order#: 342745-021

Re: GGT FLAGLER INC.

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 Please return evidence to the following:

Attn: Anthony Arthur

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.

QUCA. XCOA

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

statement of cha	orovisions of sections 607.05 nge is submitted for a corpo r to change its registered off	ration organized under t	he la	ws of the	State of	DE	_
1. The name of t	he corporation: GGT FLAGE	ER INC.					
	office address:			···			
3. The mailing a	ddress (if different):			<u> </u>			
4. Date of incorp	poration/qualification: 09/09)/2016 Docu	ment	number:	F16000	0004025	
	street address of the current timent of State: (If resigned,	-	gistere	ed office	on file v	with the	
	NRAI SERVICES, INC.					_	
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION		FL	33324		-	
6. The name and (if changed):	street address of the new re	gistered agent (if change	ed) an	d /or regi	SECTION OF THE SECTIO	2018 AUG	-17
	Corporation Service Comp	any			S	ճ 20 -	
	1201 Hays Street					_ ับ	[]]
	Tallahassee	P.O. Box NOT acceptable	FL	32301	ACIBO I	ന മ - ബ	
The street addre	ss of its registered office ar be identical.	id the street address of t	he bu	siness of	fice of	its regis	tered agent.
Such change wa authorized by th	s authorized by resolution on board, or the corporation	luly adopted by its boar has been notified in wri	d of diting o	lirectors of the cha	or by ar inge.	ı officer	SO
Xia E	£ & COME Jill Cilmi, Vice President						
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	te of an officer of director the appointment as register of comply with the provision my duties, and I am familia is document is being filed m that the corporation has been Service Company	ns of all statutes relative r with and accept the ob erely to reflect a change	ict in to th bligat e in th	e proper ion of my he registe	city. and co positio	mplete on as rec	gistered ess, I
Bv: Y	a detable	08/16/201	18	· · · · · · · · · · · · · · · · · · ·			
Sign	nature of Registered Agent			Date			
If signing on be	half of an entity:						
	Assistant Vice President						
Ty	rped or Printed Name						

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2e045 (03/12)

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