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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: Ami Casper ami.casper@cscglobal.com

Date: March 14, 2018

Order#: 116684/005

Re: GFN AMERICAN HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper 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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: GFN AMERICAN	HOLDIN	IGS, LLC	
2.	(a)	c/o PBYA, PL	(b)		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (5)	_	dress of limited liability company: MAY BE POST OFFICE BOX)
		283 Catalonia Avenue, Suite 200			
		Coral Gables, FL 33134			
		04/20/2006		L06000041710	
3.		Date of filing/registration in Florida	4.	Docume	ent number
5.	(a)	PBYA Corporate Services, LLC			
	<b>()</b>	Registered Agent and Registered Office shown on the records of the	e Florida D	Dept. of State:	
		200 South Andrews Avenue, Suite 600			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
					ZS 2
		Fort Lauderdale , FL	33301		
	(b)	Corporation Service Company			SSEE C
	•	Emer name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess:	ا ا ا الله الله الله الله الله الله الل
					S TA
		1201 Hays Street		——————————————————————————————————————	DA C C C C C C C C C C C C C C C C C C C
		NEW Registered Office Address:			
		Tallahassee , FL	32301		
the age	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registe fility com the limite	ered office and the spany, it is hereby ed liability compar	business office of the registered confirmed that the change(s)
		Alix Chartier	Alix C	harlier, Manager	
		ure of a member or authorized representative of a member			r typed name of signee
I h pro the to not	hereb ovisio obli mere tified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- gations of my position as registered agent as provided j ly reflect a change in the registered office address, I he in writing of this change.	e to act in erforman for in Ch ereby con	n this capacity. I fi ace of my duties, ar apter 605, F.S. Oi firm that the limite	further agree to comply with the nd I am familiar with and accept r, if this document is being filed ed liability company has been
		Ceim Ley			
Sig	gnatur	e of Registered Agent Corporation Service Company	BY: Am	i M. Casper, Ass	t. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00