Florida Department of State

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Division of Corporations

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From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number ; (561)290-1590

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Email Address: bmann @ nason yeager.

LLC REGISTERED AGENT CHANGE **BOYNTON BAY GP, LLC**

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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.

I. N	ame of the limited liability company	GP, LLC			
2. (a)	Principal office address of limited liability company:	(t)	failing address of limited lish	ility company:
	(Note: MUST BE STREET ADDRESS) 415 NW 12th Street		415 NW 12	<i>(<u>Note: MAY BE POST OF</u></i> th Street	FICE BOX)
	Delray Beach, FL 33444	_	Delray Bea	ch, PL 33444	
	03/30/2007		L07000034	192	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Registered Agent and Registered Office shown on the records of HINNERS, BRIAN J Registered Office Address (MUST BE FLORIDA STREET 777 E. ATLANTIC AVENUE, SUITE 200	<u>.</u>		-	
	DELRAY BEACH	32483		-	~ >
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Brian J. Hinners	d Office as	ldren:		2021 APR 10 PH
	NEW Registered Office Address:			=	ά
	415 NW 12th Street	-		-	20
	Delray Beach, F	L 33444		-	
changagent was/ the a	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of organization or the operating agreement of the name of the many streets.	e register lability c of the lir e limited	ed office and ompany, it is nited liability	d the business office of a hereby confirmed that y company or as otherwipany. CEO	the registered the change(s) ise provided in
Sig	nature of a member or authorized representative of a member			Printed or typed name of sig	_
giong	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide refy reflect a change in the registered office address, I will writing of this change.	ree to ac e perforn ed for in hereby c	et in this cape lance of my c Chapter 605 confirm that	acity. I further agree to duties, and I am famillai , F.S. Or, if this docum the limited liability com	comply with the with and accept ent is being filed pany has been
	REFERENCE Agent				