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Division of Corporations **Electronic Filing Cover Sheet**

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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.

1. Name of the limited lia	mility company: GF Family Ir	nvestme	nts, LLC		
2. (a)Principal office	aldress of limited hability company:	(b)	dailing address of limited liab	ility comp	anv:
•	UST BE STREET ADDRESS)		(Note: MAY BE POST OF		•
01/15/10		L1000	0005589	****	
3. Date of fill	ng/registration in Florida 4.		Document number		
(4)	ON SERVICE COMPANY				
	existered Office shown on the records of the Flor	rida Dept. of State	:		
1201 HAYS S					
Registered Office Addr	es <u>(MUST BE FLORIDA STREET ADDRE</u>	<u>(SS)</u>			
TALLAHASS	SEE , FL 32	301		20	
Registered	Agents Inc			2022 DEC	<u> </u>
(6)	restered Agent and/or NEW Registered Office	nddrare:		Ę()	ZX. Teta
Cinci name of Agreement	ESTECH AGENT MANUEL TATAN REGISTER STATE	<u> </u>		28	
7901 4th S	St N			A	
NEW Registered Office	2 Address:	****		AM 11: 2:	
STE 300		·		27	•
St. Peterst	purg _{FL} 3370	02			
the change or changes are ragent will be identical. Or, was/were authorized by an the articles of organization	any is not organized under the laws of t nade, the Florida street address of the re in the case of a Florida limited liability affirmative vote of the members of the l or the operating agreement of the limite	gistered office company, it is imited liability	and the business office hereby confirmed that to company or as otherwise	of the re he chang	gistered (c(s)
- Zilmy	red representative of a member		Riley Park		
			Printed or typed name of sign		
provisions of all statutes re the obligations of my positi to merely reflect a change i notified in writing of this cl	1 12	mance of my a n Chapter 605, confirm that t	icity. I further agree to duties, and I am familiar F.S. Or, if this docume he limited liability comp	comply with and nt is bein any has	viih the Laccepi ng filed been
	Bill Havre - Assistant Sec	retary			
Signature of Registered Agent	Bill Havre - Assistant Sec	retary			