L12000090161

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



200318816082

10/01/18--01028--009 **25.00

18 OCT -1 AM 1:45

" SALY OUT -5 2018

COVER LETTER

TO: Registration Section Division of Corporations						
GC AREF LLC						
Nam	ne of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning the	is matter to the following:					
Nikita Basdeo						
Name of Person						
Ganot Capital LLL						
Firm/Company						
4601 Sheridan Street, Suite 600						
Address						
Hollywood, FL 33021						
City/State and Zip Code	 					
nikitab@ganotcapital.com						
E-mail address: (to be used for future ann	ual report notification)					
For further information concerning this matter,	please call:					
Nikita Basdeo	954 985-2400 at ()					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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. Na	me of the limited liability company: GC AREF LL	.C		
2. (a)	4601 Sheridan Street, Suite 600	- (b)	4601 She	eridan Street, Suite 600
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hollywood, FL 33021		Hollywoo	d, FL 33021
	07/11/2012	 L	12000090	0161
3.	Date of filing/registration in Florida	4.	ı	Document number
5. (a)	CT Corporation			
, .	Registered Agent and Registered Office shown on the records of	the Florida L	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	1200 South Pine Island Blvd			8 0 8 0
	Plantation	33324		B BCT -1
(b)	Etan Mark			T-1 AM 1:50
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	ess:	
	Mark Migdal & Hayden			NIE RIDA
	NEW Registered Office Address:			
	80 SW 8th Street, Suite 1999			
	Miami FI	33130		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registe lability con of the limit limited lia	ered office ipany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member of authorized representative of a member			Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	ree to act i performan d for in Cl hereby cor	n this capa ace of my d apter 605, yirm that th	city. I further agree to comply with the uties, and I am familiar with and accep F.S. Or, if this document is being filed at limited liability company has been
Signate	ire of Registered Agent			