## 112000129048

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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Special Instructions to Filing Officer:				
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SELACIONAL CITABLE
ALLAHASSEE, FIOSSILA

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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: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: August 9, 2017

Order#: 758930/025

Re: GF OFFICE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez

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

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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 liability company: GF OFFICE	LLC		
2 (2	a) 241 BRADLEY PLACE	(b)241 BRADLEY PLACE		
2. (	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	PALM BEACH, FL 33480	PALM	1 BEACH, FL 33480	
	10/09/2012	L12000	0129048	
3.	Date of filing/registration in Florida	4.	Document number	
5. (	(a) UNITED CORPORATE SERVICES, INC.  Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	State:	
9200 SOUTH DADELAND BLVD.				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
SUITE 508				
	MIAMI	FL <u>33480</u>	TALLAHA	
(t	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Register  1201 Havs Street NEW Registered Office Address:	ed Office address:	BILED  BILED  STATE OF STATE  ASSEELF LORIDA	
	Tallahassee H	FL_32301		
the clagent was/	e limited liability company is not organized under the lange or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	of the registered off liability company, is of the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	Oliver R. Grace, Jr.	Oliver R. Gra	ace, Jr., Authorized Person	
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and compleibligations of my position as registered agent as providerely reflect a change in the registered office address, ied in writing of this change.	te performance of p	ny duties, and I am familiar with and accent-	
Signa	ature of Registered Agent Corporation Service Company	By: Grace E. k	Kirby, Asst. Vice President	