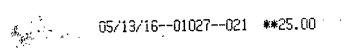
## L170000 94620

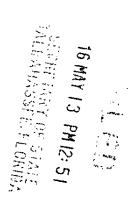
(Requestor's Name)							
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 11, 2016

Order#: 130661/064

Re: GLL VIII, 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:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 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:	GLL VIII, LLC			
2	(2)	800 VANDERBILT BEACH ROAD		_ (b)		
۷.	(a)	Principal office address of limited li  (Note: MUST BE STREET)		_ (0)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		NAPLES	FL 34108	-		
		07/11/2013		_	L1300009	8620
3.		Date of filing/registration in	n Florida	4.		Document number
5.	(a)	SALVATORI, WOOD & BUCKEL	. PL			
٠.	(4)	Registered Agent and Registered Office sho		e Florida I	Dept. of State	: ::
		9132 STRADA PL 4TH FL				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		NAPLES	, FL_	34108		
(	(b)	Corporation Service Company				
	(0)	Enter name of NEW Registered Agent and	or NEW Registered O	ffice add	ress:	Sp. 300
		1201 Hays Street				PHI2:5
		NEW Registered Office Address:	,			SHIDA SHIDA
		Tallahassee	FI.	32301		
the age wa the	e cha ent w s/we artic	nge or changes are made, the Florida vill be identical. Or, in the case of a	ized under the laws a street address of the Florida limited liab of the members of agreement of the li	of the S he regist pility cor the limi mited li	ered office npany, it is ted liability ability com	orida, it is hereby confirmed that after and the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in apany.  Trized Person  Printed or typed name of signee
pro the to not	ovisie obli mere tifica	by accept the appointment as register on so all statutes relative to the projections of my position as registered by reflect a change in the registered of this change.	per and complete p agent as provided office address, I he	erforma for in Ci creby coi	nce of my d hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President
		Division of Com	amatiana DA Pa	w 6337.	Tallahaa	ana El 20214

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