## 14000185098

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Susmoss Energ Name)					
(Document Number)					
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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: Anthony Arthur anthony.arthur@cscglobal.com

Date: August 16, 2018

Order#: 342745/042

Re: GTN GP, 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:Anthony Arthur 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

## 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	ame of the limited liability company: GTN GP, LLC		
2.	(a)	12410 HAUTREE COURT	(b)	3751 VICTORIA PARK AVE
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		PALM BEACH GARDENS FL 33418		TORONTO, ONTARIO M1W 3Z4 CA
		12/03/2014	_	L14000185098
3.		Date of filing/registration in Florida	4.	Document number
5.	(3)	NATIONAL REGISTERED AGENTS, INC.		
J. (	(4)	Registered Agent and Registered Office shown on the records of t	the Florida E	Dept, of State:
		1200 SOUTH PINE ISLAND ROAD		
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	& &
		**************************************		the state of the s
			-1	FILE E
		PLANTATION , F1.	33324	Share of M
	(b)	Corporation Service Company		9. F
		Enter name of $\underline{NEW}$ Registered Agent and/or $\underline{NEW}$ Registered	Office addr	ress:
				•
-		1201 Hays Street		
		NEW Registered Office Address:		
				<del></del>
		Tallahassee	32301	
		Tallahassee	32301	
the age was	chai nt w s/we	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability com f the limite	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		/S/ Jill Cilmi	Jill Cil	ilmì, Authorized Person
S	ignati	ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to n	visio obli nere ifiea	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my service as provided by reflect a change in the registered office address, I have the properties of this change.	ee to act in performan I for in Ch vereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President