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| (Requestor's | Name) | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zi | p/Phone #) | | | | |
| PICK-UP W | AIT MAIL | | | | |
| (Business En | tity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies Cer | tificates of Status | | | | |
| Special Instructions to Filing Office | per: | | | | |
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SECRETARY OF STAIL

COVER LETTER

| TO: Registration Section Division of Corporations | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Gateway Retail LLC SUBJECT: | |
| | Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change an | d fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | e following: |
| Louise Jaffe | |
| Name of Person | |
| Midgard Management, Inc. | |
| Firm/Company | |
| 1475 W. Cypress Creek Road, Suite 202 | |
| Address | _ |
| Fort Lauderdale, FL. 33309 | |
| City/State and Zip Code | |
| LJaffe@midgardmanagement.com | |
| E-mail address: (to be used for future annual report not | ification) |
| For further information concerning this matter, please call: | |
| Louise Jaffe 954 | 640.0233 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| rananassee, fl 32314 | Tallahassaa El 32303 |

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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: | .C | | | | | |
|--------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------|--------|
| 2 | (a) | 1475 W. Cypress Creek Road | (| b) Same | | | | |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| | Mailing address of limited (Note: MAY BE POS) | • | - | - |
| | | Suite 202 | | | | | | _ |
| | | Fort Lauderdale, FL. 33309 | _ | | | | | |
| | | 07.13.2015 | | L15000119 | 9975 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. | (a) | Cliff Hertz | | | | | | |
| | () | Registered Agent and Registered Office shown on the records of the Nelson Mullins Broad and Cassel | he Florid | a Dept. of Stat | e: | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A One N. Clematis St. #500 | DDRES. | <u>.</u> | _ | | | |
| | | West Palm Beach | 33401 | | | E s | 20 | |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 360 South Rosemary | Office ac | ldress: | - | ECRETARY OF STA | 2021 OCT PM | |
| | | NEW Registered Office Address: | | | _ | <u> </u> | PĦ 10: 2 | |
| | | Suite 1410 | | | _ | | 21 | |
| | | West Palm Beach, FL | 33401 | | _ | | | |
| ch ag wa the | ange ent v is/we arti Signa herei ovisi e obl mere | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agreed one of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change. | register bility co f the lin imited ee to acceptorin for in 6 | ed office an ompany, it is nited liability con liability con tin this cape ance of my Chapter 605 | d the business office is hereby confirmed they company or as other pany. Printed or typed name of acity. I further agreed duties, and I am family, F.S. Or, if this doc | of the rehat the clerwise profesignee | egister hange rovide oly wi i and being | th the |

Signature of Registered Agent