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(Re	equestor's Name)				
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HUL TO FROM JUL 25 AM III: OF SECRETARY OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

,-¶ ,,,

ACCOUNT NO.	: I2000000195							
REFERENCE	: 554965 C8441010							
AUTHORIZATION	: 554965 C8441010							
COST LIMIT	: \$ 25.00							
ORDER DATE : July 17, 2024								
ORDER TIME : 3:40 PM								
ORDER NO. : 554965-007								
CUSTOMER NO: 8441010								
CHANGE OF AG	<u>GENT</u>							
NAME: GB HOTEL III,	LLC							
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Shauna Godbolt	: EXT#							

EXAMINER:

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	ime of the limited liability company: GB HOTEL III, LI	LC			
2.	(a)	4100 LEGENDARY DR #280	((b)	4100 LE	GENDARY DR #280
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		DESTIN, FL 32541	_	-	DESTIN,	FL 32541
		09/30/2016	_	L	.1600018	2912
3.		Date of filing/registration in Florida	4_			Document number
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of the PARACORP INCORPORATED	ne Floric	da E	Pept. of Stat	- e:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
		155 OFFICE PLAZA DR 1ST FL				
		TALLAHASSEE , FL	32301			_
	(b) Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company		Office a	office address:		2024 J.Y. 2
		NEW Registered Office Address:				
		1201 Hays Street				
					-	12: 12
		Tallahassee FL	32301			. 12
chi age wa	ange ent v is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister pility co the lin	red om nite	office an pany, it is ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
_/	S/ JH	L CILMI	JIL	L (CILMI, AU	THORIZED PERSON
	-	ure of a member or authorized representative of a member				Printed or typed name of signee
Il pro the to no	herel ovisio obli mere lifiec	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.				
Si	人 gnatui	GRACE E of Registered Agent	. KIRE	3 Y.	ASST. V	/ICE PRESIDENT