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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: GSP La	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence conce	erning this matter to the following:			
Melissa Holm Name of Person	re 5			
GSP Land Firm/Company	LLC			
4521 PGA 1	3/vd #310			
Palm Beach (City/State and Zip	cardens, FC 33418			
E-mail address: (to be used for fi	D.G.Mail.com			
For further information concerning this	s matter, please call:			
Melissa Holly Name of Person	MeS at (501) 644-6394 Area Code & Daytime Telephone Number			
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the fo	ollowing amount:			
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGË 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.

Florida.			
1. Name of the limited liability	company: 65P Lay	nd LLC	
2. (a) 58 Wal	tham C.	b) 4521 PG	ABIVA
Principal office address	of limited liability company:	Mailing address	of limited liability company:
(Note: MUSI BE	STREET ADDRESS)	(<u>Note: MAY I</u>	<u>BE POST OFFICE BOX</u>)
West raim 15	Pach, PC	# 310	1.0.1.21
334	117	Palm Beac	h Gardens, FL 33
Tuly	1 2017	/ /7////	71001.
$\frac{2}{3}$ Date of filing/reg	$\frac{1}{1} \times \frac{1}{1} \times \frac{1}{1}$	Document no	/() \(\delta\) \(\delta\)
	Sall Dack	150cuttone ne	illioci
5. (a) OY OY Registered Agent and Registered	Office shown on the records of the Floric	la Dept of State:	
50 1101	tham C	a Dept. of thate.	
Registered Office Address (1	MUST BE FLORIDA STREET ADDRES		
West Pal	m Beach 3	_	Sec.
MEDI TOO	111 Dewritz) 11. —	
	FL_ <u></u>	341-1	3.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00
as Geoffrons	Francer Park	_	SSS:
(b) COTTY EN C	Agent and/or NEW Registered Office as	ddress:	
arange de	OJEOBRODO O O PRETER	2021	7: 43 STAR
NEW Registered Office Addres	A BIVD #310)	> [™]
Palm Beach G	ardens FL 35	3418	
If the limited liability company is	 not organized under the laws of the	e State of Florida, it is ber	eby confirmed that after
the change or changes are made, t	he Florida street address of the reg	istered office and the busi	ness office of the registered
was/were authorized by an affirm	case of a Florida limited liability cative vote of the members of the limited operating agreement of the limited	company, it is necesty continuited liability company or	as otherwise provided in
the articles of organization of the	operating agreement of the limited	liability company.	1/1/100
Signature of a member or authorized re	presentative of a member	Printed or type	SOL TTO YNU S d name of signee
I hereby accent the appointment	 as revistered avent and avree to ac	et in this capacity. I furthe	er garee to comply with the
provisions of all statutes relative the obligations of my position as i	o the proper and complete perform egistered agent as provided for in egistered office address, I hereby o	nance of my duties, ånd La Chapter 605, F.Ş. Or, if t	m familiar with and accept his document is being filed
to merely reflect a change in the r notified in writing of this change.	egistered office address, I héreby o	confirm that the limited lic	bility company has been
Signature of Ragistared Agent	er Fark		

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