

2018-12-17 12:57 10 CST

19542080845 From Ranae McGraw

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

LLC REGISTERED AGENT CHANGE
GACP EB5 CAPITAL MANAGEMENT LLC

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DEC 13 2018

A. LUN7

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. Name of the limited liability company: GACPEB5CapitalManagementLLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2333 PONCE DE LEON BLVD SUITE R240
CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2333 PONCE DE LEON BLVD SUITE R240
CORAL GABLES, FL 33134

06/22/2017

LI7000136521

3. Date of filing/registration in Florida

4. Document number

5. (a) DAGROSA, JOSEPH JR.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2333 PONCE DE LEON BLVD SUITE R240

CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Natalie Pickens

Natalie Pickens, Secretary

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Michele Holden, AsstSect
Signature of Registered Agent

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

18 DEC 12 AM 8:55
TALLAHASSEE, FLORIDA