Florida Department of State Bivision of Corporations Electronic Filling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 12009000081 Phone: (307)200-2803 Fax Number: (855)330-1010 SECRETARY OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	

LLC REGISTERED AGENT CHANGE GMC HOUSES LLC

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Corporate Filing Menu

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JAN 21 2020

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. N	ame of the limited liability company: GMC HC)US	ES LLC			
2. (a)	7901 4th St N		_(b) 7901 4t	h St N		
(7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	failing address of limited fial (Note: MAY BE POST OF		
	STE 300		STE 30	0		
	St. Petersburg, FL 33702	_	St. Peter	sburg, FL 33702		
	07/10/2017		L170001	47313		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Vcorp Services, LLC					
272 (14)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	·	2 2	
	5011 South State Road 7			A	707	6 42 117
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>SS)</u>		Ã. A	*****
	Suite 106				2020 JAN 17	-
	Davie , FI	333	14		PH	
(b)	Registered Agents Inc.			, FI.	PH 12: 44	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	Ι,	1	
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	337)2			
the chargent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the study that the large transfer of a member or authorized representative of a member or by accept the appointment as registered agent and ago	the reability of the limite	gistered office company, it is imited liability d liability com iley Park	and the business office hereby confirmed that company or as otherw pany. Printed or typed name of sig	of the rether chan ise provi	egistered gc(s) ded in
provis the ob- to mer notifie	in accept the appointment as registered agent and aginions of all statutes relative to the proper and complete ligations of my position as registered agent as provide less reflect a change in the registered office address, I dim writing of this change. Bill Havre - Assistan	perfoi d for i hereby	mance of my d i Chapter 605, confirm that t	uties, and I am familia F.S. Or, if this docum	r with an ent is bei	d accept ng filed

Signature of Registered Agent