LIT-000162590

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 19, 2021

Order#: 819975/013

Re: GP PROGRAM, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: GP PROGRA	AIVI, LLC				
2. (a)	7807 Baymeadows Road East	(b				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mail	ling address of limited Note: MAY BE POST	liability company:	
	Suite 205		12		0	
	Jacksonville, FL 32256					
	07/31/2017	I	_17000162590)		
3.	Date of filing/registration in Florida	4.	Do	cument number		
5. (a)	Feldman & Mahoney, P.A.					
), (u)	Registered Agent and Registered Office shown on the records 2240 Belleair Road, Suite 210	of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
					32 1 HAY 21	
	Clearwater	FL 33764				
	Clearwater	r.L			-: r>	
(b)						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	ress:			``
	Corporation Service Company				 	
	NEW Registered Office Address:				•	
	1201 Hays Street					
	Tallahassee	FL				
change agent v was/we the arti	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the liward E. Burr	he registered Tiability con s of the limit he limited lia	office and the pany, it is hered liability co	e business office o reby confirmed tha mpany or as other	f the registered the change(s)	
Signat	ture of a member or authorized representative of a member			nted or typed name of:	signee	
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered biffice address, it is writing of this change.	te performan led for in Cl I hereby con Corporatio	ice of my dution Supper 605, F.S. firm that the l in Service Co	i. I further agree to es, and I am familion. S. Or, if this docum imited liability com impany Vice President	o comply with t ar with and acc nent is being fit npany has been	he lept led