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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL CORPORATE SERVICES, INC Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622 Enter the email address for this business entity to be used for futbre amnual report mailings. Enter only one email address please.** Email Address:_

LLC REGISTERED AGENT CHANGE **GPK INVESTMENTS II, LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submi	ant to the provisions of sections 605.0114 or 605.0 is the following statement in order to change its	0116, Florida : registered o	Statutes, th ffice or res	e undersigned limite gistered agent, or be	d liability oth, in the	compe State	any of
Floria 1. Na	ame of the Limited Liability Company: GPK INVI	ESTMENT:	S II, LLC				
2 (a)	7240 W 98TH TERRACE	(b)	7240 W	98TH TERRACE			
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	OVERLAND PARK, KS 66212		OVERLA	AND PARK, KS 6	6212_		
	10/12/2017	<u>l</u>	_1700021	1469			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a) NRAI SERVICES, INC.				7		
•	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of State	;		2021 OCT 12	
	1200 SOUTH PINE ISLAND ROAD				- 옾줌	8	
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	!		ïAR ASS	- 4	=
					(T)(2	E
	PLANTATION	FL 33324	[E 07	AM 11: 22	0
	BRITATION	, PL <u>. 0001</u>			는 다 지	=	
ſЪ	Capitol Corporate Services, Inc.				F STATE FLORID/	5 2	
(0)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office add	TES:		خد	10	
	515 East Park Avenue 2nd Fl						
	NEW Registered Office Address:						
	Tallahassee	FL 32301	Ī				
the cl agent was/v the ar	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ne laws of the as of the regis and liability co pers of the lim	State of Flo tered office mpany, it is ited liability	and the business of hereby confirmed the company or as othe	ace of the	regisie inge(s)	erea I
	lh-	Cc	ourtney M	. Conrad Printed or typed name o			
	nature of a member or authorized representative of a member		t. 41.t	• •	_		.6.
the or to me	why accept the appointment as registered agent and sions of all statutes relative to the proper and complete to the proper and complete attack of my position as registered agent as property reflect a change in the registered office addressed in writing of this change.	a agree to act plete perform ovided for in C ss, I hereby co	in inis cape ince of my e hapter 605 onfirm that i	utity. I jurither byree thaties, and I am Jami, F.S. Or, if this document limited liability c	liar with a ument is b ompany h	nd acc eing fi as beei	cept led n
		_		nt Secretary on			
Signa	ture of Registered Agent bel	half of Capi	tol Corpo	rate Services, In-	C.		
	Division of Corporations P	O. Box 6327	 Tallahas 	see, FL 32314			

INHS18 (2/14)

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