Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

Phone Fax Number : (307)200-2803 : (855)330-1010,__

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

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LLC REGISTERED AGENT CHANGE **GTF PROPERTIES LLC**

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APR 0 4 2018

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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: GTF PR	OPERTIES	SLLC		
2. (a)	711 CENTER BAY DR		(b) 711 CENTER BAY DR		
()	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WEST ISLIP, NY 11795	WEST	ISLIP, NY 11795		
	02/05/2018	L18000	0032053		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	FINKBEINER, CHET				
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	are.		
	4519 SE 16TH PLACE		. જુક - જુક		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	UNIT 109	12.			
	CAPE CORAL ,,	33904			
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:			
	NEW Registered Office Address:	THE PERSON NAMED OF THE PERSON			
	STE 150A	and your separate a separate of a separate separ	aprilia.		
	Tampa	_L 33607	_		
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the language of a member or authorized representative of a member.	laws of the State of F of the registered offi liability company, it s of the limited liabil	ice and the business office of the registered is bereby confirmed that the change(s) ity company or as otherwise provided in		
	thy accept the appointment as registered agent and a cions of all statutes relative to the proper and completed ligations of my position as registered agent as provided reflect a change in the registered office address, and in writing of this change. Bill Havre - Assistative of Registered Agent	gree to act in this ca te performance of m ded for in Chopter 60 I hereby confirm tha Ant Secretary			