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(Requestor's Name)									
(Address)	—								
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PICK-UP WAIT MAIL									
(Business Entity Mama)									
(Business Entity Name)									
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(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 15, 2020

Order#: 544755/009

Re: GB CRESTVIEW, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

 \underline{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:Erika Zavala Daza 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.	Na	me of the limited liability company:	W. LLC	:					
2. (2573 S. FERDON BLVD		(b)	2203 N L	ois Ave M275			
~ · (<u></u> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of lir (Note: MAY BE P		-	-
		CRESTVIEW, FL 32539	_		Tampa, F	L 33607			
		09/23/2020		L	.20000291	558			
3.		Date of filing/registration in Florida	4.	_		Document numb	er	·· <u>-</u>	· <u> </u>
5.	(a)	C T CORPORATION SYSTEM							
J. (a,	(α)	Registered Agent and Registered Office shown on the records of	the Flor	ida [Dept. of State	- e:			
		1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS		-			
						_			
		PLANTATION	33324	4				70	
(1			J			_		<u> </u>	
	b)					_		DEC	- 1.
		Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	<u>ress</u> :			7	****
		Corporation Service Company						P# 0	- <u>1</u> *
		NEW Registered Office Address:				_		ე: ე:	* ,
		1201 Hays Street				_		ά	
		T. W. C	2020	4					
		Tallahassee , FI	3230	! 		_			
char ager was	nge nt v :/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members coles of organization or the operating agreement of the	registe ability of the l	ered con imit	l office and ipany, it is red liability	d the business off s hereby confirme y company or as o	fice of the ed that the	registe change	red e(s)
		Xie & Clani	Ji	ill Ci	lmi, Autho	rized Person			
	_	ture of a member or authorized representative of a member				Printed or typed nar	•		
pro the to n	visi obl 1ere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I I in writing of this change.	ree to a perfor d for in hereby	nct in mar n Ch con	n this capa ice of my a iapter 605 ifirm that i	acity. I further as duties, and I am f , F.S. Or, if this of the limited liability	रुree to co amiliar w document ty compai	mply wi with and t is bein ny has b	ith the accept g filed een
<u> </u>		Diese Trivola re of Registered Agent							
əigi Gr	iatu ace	re of Registered Agent E. Kriby, Asst. Vice President of Corporation Service Company							

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