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

Office Use Only



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2022 NOY -3 AH 11: 48

ALLAHASSEE, FILE

A. BUTLER NOV - 7 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/03/2022	-	<i>⇔WALK IN⇔</i>	
ENTITY NAME PPG G	C Propcos LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RET	TURN	
XXXXXX	Plain Copy Certified Copy Certificate of Status		
**	PLEASE OBTAIN THE FOLLOWING FOR THE AB	OVE ENTITY**	
	Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICA	1770N	
COUNTRY OF DESTINA NUMBER OF CERTIFICA			
TOTAL OWED \$25		T#: 120160000072	
Please call Tina at t	he above number for any issues or concer	,	

COVER LETTER

TO: Registration Section Division of Corporations					
PPG GC Propcos LLC SUBJECT:					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to the fo	ollowing:			
Tsvi Goldstein					
Name of Person					
Platinum Filings LLC					
Firm/Company					
99 West Hawthorne Ave., Suite 408					
Address		_			
Valley Stream/NY 11580					
City/State and Zip Coo	ie				
agent@platinumfilings.com					
E-mail address: (to be used for future	annual report notific	cation)			
For further information concerning this ma	tter, please call:				
Tsvi Goldstein	800 at (263-1553			
Name of Person	··· \	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follow	ving amount:				
■ \$25 Filing Fee	□ \$5.	5 Filing Fee & Certified Copy			

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.

I. Na	ame of the limited liability company:	LLC	
2. (a)	980 Sylvan Ave, Englewood Cliffs, NJ 07632	(b) 98	80 Sylvan Ave, Englewood Cliffs, NJ 07632
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9/24/2020		0000293809
3.	Date of filing/registration in Florida INTERSTATE AGENT SERVICES, LLC	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of 100 SE 2ND STREET STE 2000 #209 Registered Office Address (MUST BE FLORIDA STREET)		
	Miami , FL	33131	2022 NOV -
(b)	PLATINUM AGENT SERVICES LLC		in ω ω
(0)	Enter name of NEW Registered Agent and/or NEW Registered		
	155 Office Plaza Dr		177E 1818 : 48
	NEW Registered Office Address:	• •	
	Tallahassee, FL	32301	
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered o ability compa of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	/s/ Ruben Godinez	Ruben C	·
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address.	ree to act in t performance d for in Chap hereby confil	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	/s/ Steven Friedman		
Signatu	ire of Registered Agent		