Florida Department of State 5652 Division of Corporations Electronic Filling Cover Sheet

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LLC REGISTERED AGENT CHANGE G+C WALDEN POND LLC

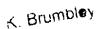
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: G+C WALDE	EN POND L	LC					
2. (a)	27453 CASHFORD CIR. SUITE 101		b) 27	27453 CASHFORD CIR, SUITE 101				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	WESLEY CHAPEL, FL 33544	·· - ·	W	ESLEY CHAPEL, FL 33544				
	10/18/2022		L220	2000448082				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	EILEEN ESPINAL							
` /	Registered Agent and Registered Office shown on the records	of the Florid	a Dept	nt. of State:				
	27453 CASHFORD CIR, SUITE 101							
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u>S)</u>					
				20				
	WESLEY CHAPEL	33544		2023 NOV				
		rL						
(b)	RIKIYA N. THOMAS			29				
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	ldress:	PH				
	101 E. KENNEDY BLVD.							
	NEW Registered Office Address:							
	SUITE 3700		_					
	ТАМРА	FL						
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registere liability co s of the lim	ed off impan iited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in				
	Z/A	Leor	nard E	Burke				
Signati	ure of a member or authorized representative of a member			Printed or typed name of signee				
the obli to mere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as providity reflect a change in the registered office address, in writing of this change.	gree to act te performa led for in C I hereby co	in thi ince o hapte infirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been				

Signature of Registered Agent