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| Special Instructions to F | -Iling Officer: | | | | |
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TALLAHASSEE, FLORID.

2024 MAY 23 PH 4: L

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: GNB Real+ | by LLC Digity Company |
| Dear Sir or Madam: | , |
| The enclosed Registered Agent/Registered Office Change and fe | e(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the fo | llowing: |
| Greg Nowlin' Name of Person | _ |
| Firm/Company | _ |
| 201 Muitage Drive | _ |
| 201 Muitage Drive Address Johns Creek GA | 30022 |
| City/State and Zip Code 9000/in@tri+oncap E-mail address: (to be used for future annual report notification) | ≥. Com ation) |
| For further information concerning this matter, please call: | |
| Steg Nowlin at (312) Name of Person | -) 498 - 3253 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 |

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

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: | GNB | Realty | 220 | |
|--|--|---|---|---|-----------------------|
| 2. (a) | 01/22 Cand 1/ | varre Blvd (b) | 201 Mer | toge Dri | ie |
| (u) | Principal office address of limited liability | y company: | Mailing addre | ess of limited liability Y BE POST OFFICE | |
| | Navarre FL | | Johns | Creek | CA 300 TI |
| 3. | March 13, 2023 Date of filing/registration in Flo | orida 4. | 2 23 000 Document | <u> </u> | 12 |
| 5. (a) | Jenhusiness | Inc. | | | |
| 5. (u) | Registered Agent and Registered Office shown or | n the records of the Florida | Dept. of State: | | |
| | 336 E. College | the | | | |
| | Registered Office Address (MUST BE FLOR | RIDA STREET ADDRESS) | | | |
| <i>(</i> L) | Tallahabsee | , fl3 | 2301 | 2024 MAY 23 PM 4: 43 | TI |
| (b) | Enter name of NEW Registered Agent and/or N | EW Registered Office add | ress: | Section 19 | m |
| | Mira Arezi NEW Registered Office Address: 1516 Breakwa | 19 Esq. | . | PM 4: 43 | O |
| | 1516 Breakwa | Her Terrac | ce | 7 | |
| | Hallywood | , _{FL} 3; | 3019 | | |
| agent v | imited liability company is not organized to changes are made, the Florida street a will be identical. Or, in the case of a Florer authorized by an affirmative vote of the of organization or the operating agree. | iddress of the registered ida limited liability con the members of the limi | d office and the busin npany, it is hereby co ted liability company | ess office of the re infirmed that the c | egistered hange(s) |
| Signa | ture of a member of authorized representative of a | member | Printed or t | yped name of signee | <u>-</u> |
| I herei provisi the obl to mere | by accept the appointment as registered a ions of all statutes relative to the proper of ligations of my position as registered age ely reflect a change in the registered office d in writing of this change. | agent and agree to act | nce of miv duties, and | A am familiar wif | n ana accent |
| Signatu | Mrellycue ire of Registered Agent | | | | |