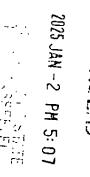


(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						





01/02/25--01030--018 ++55.00



COVER LETTER

Division of Corporations								
1586-1590 LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to	the following:							
Peter C. Carey								
Name of Person								
G P Exchange LLC								
Firm/Company								
5062 N Dixie Hwy.								
Address								
Fort Lauderdale, FL 33334								
City/State and Zip Code								
petercarey@gp-exchange.com								
E-mail address: (to be used for future annual report r	notification)							
For further information concerning this matter, please call	:							
Peter C. Carey 786	344-2510							
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 following amount:								
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.

l. Na	ime of the limited liability company: 1586-1590 LLC							
2. (a)	G P Exchange LLC		(b)	Peter C. C	arey			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	` ,		Mailing address	s of limited liabili BE POST OFF	•	
	5062 N. Dixie Hwy			5062 N. Di	ixie Hwy			
	Fort Lauderdale, FL 33334	_	•	Fort Laude	rdale, FL 33334			
	11/08/2024		L	240004840	023			
	Date of filing/registration in Florida	4.	_		Document n	ıumber		
(0)	G P Exchange LLC							
6. (a)	Registered Agent and Registered Office shown on the records of	the Flori	ida I	Dept. of State	<u>e</u> :			
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>(S.S.)</u>		_			
(b)	5062 N. Dixie Hwy						205	
	Fort Lauderdale	33334			- -	· (2025 JAN	77
	Peter C. Carey					٠,. ٢	S	FILED
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addı	ess:	_	SECTED STATE	DE (1.0)	
	NEW Registered Office Address:				-	17:	J	
	5062 N. Dixie Hwy				_			
	Fort Lauderdale . FL	33334						
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li limited	ered con mit d lia	office and pany, it is additional to the office of the off	d the busines s hereby conf y company o	ss office of the firmed that the	reg cha	istered inge(s)
Signa	ture of a member or authorized representative of a member				Printed or typ	ed name of signe	:	
provisi he obl o meri	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is a writing of this change.	ee to a perfori I for in ereby	ct ii man Ch con	this cape ce of my e apter 605 firm that t	acity. I furth duties, and I i, F.S. Or, if the limited li	er agree to co am familiar w this document ability compar	mply ith c is b iy ho	v with the ind accept eing filed as been

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