APPROVE	0
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GATEWAY CROSSING, LLC  - UJAPR 22 R 9 3 G - SCRETARY OF STATE SALE AHASSEE, FLORIDA  SECRETARY OF STATE SALE AHASSEE, FLORIDA  SHOW WISCONSN AVENUE, SUITE 1285 ONEY CHASE NO 20815-9820  2. Principal Place of Business Suite, Agit, #, otc.  Suite, Agit, #, otc.  Suite, Agit, #, otc.  Suite, Agit, #, otc.  City & State  City	DOCUMENT # L9900006732					ri	 		•		
Meling Address Meling	1. Entity Name  GATEWAY CROSSING, LLC						- 00-APR 22 AM 9: 54				
### WISCONSIN NUMBER I/O 2015  2. Principal Packs of Business Sede, Apr. 6, etc.  2. Subs. Apr. 6, etc.  City & State City							SECRETAR	  Y_OF_ST	ATE 🕥		
Suite, Apt. #, etc.  Applicate  Sp. 2-2-19-75/4  Not Applicate  Sp. 20 Additional  Fee Required  Fee	5454 WISCONSIN AVENUE. SUITE 1265 5454 WISCONSIN AVENU				1265		TALLAHASS	SEE.FLO	RIDA		
Suite, Apr. #, etc.   Application of Suitus Desired   Sec. Operation of											
City & State  Country  S. Certificate of Status Desired   \$5.00 Additional record registered Agent  7. Name and Address of New Registered Agent  NRAI SERVICES, INC.  Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  City   FL   Zip Cities  A. The above named entity sucrets this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  By MANAGING MEMBERS, MEMBERS  INC.  FILE NOW!!! FEE IS \$5.0.00  Make Check Payable to Department of State  9. MANAGING MEMBERS, MEMBERS  INTER MADESS  CITY 1-179  CITY Hopeward Agent or pioned rane of registered agent, or both, in the State of Florida.  SIGNATURE  SIG	Principal Place of Business     3. Mailing Address				_	<b>-</b>   .	<b>                                    </b>				
Zip Country Zip Country S, Certificate of Status Desired S, S, OA Additional Fee Required  8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Address of New	Suite, Apt. #, etc. Suite, Apt. #, etc.					$\exists W^{\prime\prime\prime}$	<b>√</b> DO NOT WR	  TE IN THIS \$ 	SPACE		
S. Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   Registered Agent   7. Name and Address of New Registered Agent   Name	City & Stat	e	City & State				mber 2-219751	4	<u> </u>		
NRAI SERVICES, INC.  528 E. PARK AVENUE TALLAHASSEE FI. 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE SUPRISON THE STATE ADDRESS of The State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE SUPRISON THE STATE ADDRESS of The State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE SUPRISON THE STATE ADDRESS of The State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE SUPRISON THE STATE ADDRESS of The State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE SUPRISON THE STATE ADDRESS of The State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE SUPRISON THE STATE ADDRESS of The State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.  SIGNATURE Suprison types of privat raine of registered agent, or both, in the State of Florida.	Zip ,	Country	Zip	Cour	ntry						
NRAI SERVICES, INC.  526 E. PARK AVENUE TALLAHASSEE FL 32301  City FL Zip Codd  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, types of privad name of registered agent and titled applicable.  (NOTE: Registered Agent or registered agent, or both, in the State of Florida.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  1111		6. Name and Address of Curren	it Registered Agent		Name	7. Name	and Address of New	Registered /	Agent		
TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SURVATURE	NRAI SER	WICES, INC.				s (P.O. Box Niii	mber is Not Acceptable	<u> </u>  e)			
R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typoid or privad name of registered agent and title if explicable.  (ICITE: Registered Agent signature required when retrinsferry)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  10. ADDITIONS/CHANGES  ITITE  MANAGE RUBIN, MICHAEL D  STREET ADDRESS  ETIT - 87-20  CHEVY CHASE MD 20815  TITLE  MANE  STREET ADDRESS  ETIT - 87-20  Champe Maddit  MANE  STREET ADDRESS  ETIT - 87-20  Champe Madit  MANE  STREET ADDRESS  ETIT - 87-20  Champe Maddit  MANE  STRE							<u>['</u>				
SIGNATURE    Symmetry hypert or printed name of registered agent and title if application. (NOTIE Registered Agent Synthesis required when ministring)   DATE	IALLATIA	99EE FL 32301		-	City		<del>-</del>	FL	Zip Cod	ė	
Suprature, typed or printed name of registated agent and site it applicable. (NOTE: Registated Agent engined whom mentaliting)   DATE	8. The above	named entity submits this statement	for the purpose of changing i	its register	ed office or regis	tered agent, or	both, in the State of F	lorida.	<u>. L </u>		
Suprature, typed or printed name of registated agent and site it applicable. (NOTE: Registated Agent engined whom mentaliting)   DATE	CIONIATUDE									;	
Make Check Payable to Department of State    S.   MANAGING MEMBERS   10.   ADDITIONS/CHANGES	SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (No	OTE: Registere	d Agent signature requi	red when reinstating	)	DATE			
### MGR RUBIN, MICHAEL D   Deboto   TITLE   NAME   STREET ADDRESS   CHEVY CHASE MD 20815   TITLE   NAME   ***********************************						1					
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CITY- 81-ZIP	TITLE TO THE STREET ADDRESS		☐ Delicto	TITL NAM Stri	E HEY ADDRESS				Change	Addition	

11. I hereby certify that the information adplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the eceiver or trustee an opening to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #