M02000 000 990

(Day rested Name)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Gity/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
, ,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filip Office						
Special Instructions to Filing Officer:						

Office Use Only



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2019 JAN 25 PM 1:21

C. GOLDEN FEB - 4 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: January 23, 2019

Order#: 568058-089

Re: GC AIR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA . XCOA

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: GC AIR, LLC					
7	(a)	83 WOOSTER HEIGHTS ROAD	(b)	(b) 83 WOOSTER HEIGHTS ROAD			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of (Note: MAY BE POST OFFICE	• •		
		DANBURY, CT 06810		DANBURY, CT 06810			
		04/17/2002		M02000000990			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	C T CORPORATION SYSTEM					
	(-)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State;			
		1200 SOUTH PINE ISLAND ROAD		2	2		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	TALL A	2019 JAN 25		
		PLANTATION, FI	, 33324	25 PH HASSE			
	(b)	Corporation Service Company		—————————————————————————————————————			
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	dress:	•		
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee , FI	32301				
th ag w	e cha gent v as/we	imited liability company is not organized under the latinge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the operating agreement of the	ws of the f the regis iability co of the lim	State of Florida, it is hereby confirmed stered office and the business office of the ompany, it is hereby confirmed that the chited liability company or as otherwise properties.	he registered hange(s)		
		Xie E. Cionie	Jill C	Cilmi, Authorized Person			
	-	ture of a member or authorized representative of a member		Printed or typed name of signee			
p) th to	oviși e obl meri	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to act e performo ed for in C hereby co	in this capacity. I further agree to com ance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document is onfirm that the limited liability company	ply with the h and accept s being filed has been		
S	ignatu	re of Registered Agent Corporation Service Company	BY: Gi	race E. Kirby, Assistant Vice Preside	ent		

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