MILOCOOSISI

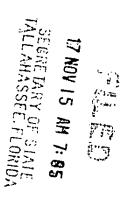
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



400305622724

11/15/17--01025--014 **25.00





CSC - WILMINGTON
... 251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 13, 2017

Order#: 892959-003

Re: NWCL GS 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: Grace Kirby

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.

	ame of the limited liability company: NWCL GS LLC					· · · ·		
2. (a)		575 Fifth Avenue 23rd Floor			(b) 8080 Park Lane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
		<u> </u>			Suite 770	0		
	New York NY 10017				Dallas, TX 75231			
	06/20/2011				M110000		·····	
3.	Date of fili	ng/registration	in Florida	4.		Document nu	ımber	
5. (a	/					-		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1200 South Pine Island Road					<u></u>	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						7 NOV GREI LAHA	
	Plantation ,FL 33324 SEC A SEC						SSEE ANY O	
(b)	Corporation Service Company					S S S S S S S S S S S S S S S S S S S		
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	7: 85 1:0RID.		
	1201 Hays Street						-	
	NEW Registered Office Address:							
	T-11-1					-		
	Tallahassee		, F	L 32301	 	-		
the ch agent was/w the ar	ange or changes are n will be identical. Or, were authorized by an ticles of organization	in the case of a affirmative votors the operating	la street address of Florida limited to of the members agreement of the	of the regis liability co of the limited li	tered office npany, it i ted liabilit ability con	e and the busir s hereby confi y company or	eby confirmed that after ness office of the registered rmed that the change(s) as otherwise provided in	
Sign	ature of a member or author	rized representativ	e of a member				I name of signee	
provis the ob to mei	eby accept the appoint tions of all statutes re- digations of my positi- rely reflect a change i ed in writing of this ch	on as registered on the registered	ered agent and a oper and complet d agent as provia d office address,	gree to act le performa led for in C I hereby co	in this cap nce of my hapter 605 nfirm that	acity. I furthe duties, and I a 5, F.S. Or, if the the limited lia	r agree to comply with the m familiar with and accept his document is being filed bility company has been	
Signat	Une of Registered Agent C	orporation Se	rvice Company	BY: Gr	ace E. Kii	rby, Asst. Vic	ce President	