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CORPORATION SERVICE COMPANY

CONTACT PERSON: Alexxis Weiland

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 676506 8331866 AUTHORIZATION COST LIMIT : (\$ ORDER DATE: May 16, 2022 ORDER TIME : 10:25 AM ORDER NO. : 676506-363 CUSTOMER NO: 8331866 CHANGE OF AGENT NAME: GPT GIG BOA PORTFOLIO OWNER LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:



## 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	ame of the limited liability company: GPT GIG BOA	A PORTFOLIO	OWNER LLC
2. (a)	90 Park Avenue, 32nd Floor	(b)	
<u>.</u> (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10016		
	11/20/2012	M12	000006480
3. 5. (a)	Date of filing/registration in Florida NRAI Services, Inc.	4.	Document number
J. (a)	Registered Agent and Registered Office shown on the records 1200 South Pine Island Road	of the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Plantation, I	FL_33324	202 HAY 27
(b)	Enter name of NEW Registered Agent and/or NEW Register  Corporation Service Company	ed Office address:	27 ALL: OR
	NEW Registered Office Address:		<del></del>
	1201 Hays Street		
	Taliahassee, I	FL	
change agent v was/we	imited liability company is not organized under the is or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered off liability compar s of the limited l	Tice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ll Cilmi		Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid the reflect a change in the registered office address, a	gree to act in th le performance ( led for in Chapt I hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
nonjied (	Lin writing of this change.	Corporation Se	rvice Company
Signatu	re of Registered Agent	Ami M. Casper	, Asst. Vice President