M13000001306

(Requestor's Name) (Address)		
(Address)	80035	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	44.000	
(Document Number)	11/19/26	
Certified Copies Certificates of Status	J	
Special Instructions to Filing Officer:		

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 17, 2020

Order#: 508276-170

Re: GCOE, 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: Ami Casper

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	ame of the limited liability company: GCOE, LLC	;			
2. (a)	7950 Jones Branch Drive	(b))		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	McLean, VA 22107				
	02/27/2013		M130000	01306	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T Corporation System				
J. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida	Dept. of Sta	ite:	
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2	_	
	Plantation	33324		-	
		, FL		_	
(b)				~;	
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office add	dress:	- 1 AUR 22.2	
				70,	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street			_	
	Tallahassee	, FL 32301		<u></u>	
change agent v was/w	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limitedere authorized by an affirmative vote of the member icles of organization or the operating agreement of	the registere d liability cor ers of the limi	d office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Il Cilmi	Jill C	Cilmi, Auth	orized Person	
_	ture of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din writing of this change.	agree to act lete performa ided for in C s, I hereby co	in this cap ince of my hapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	Cein Lei	Corporation	on Servic	e Company	
Signature of Registered Agent Ami M.			M. Casper, Asst. Vice President		