M1300003142

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

2022 JUN -9 AM S를만

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of 10/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO). :	: I2000000195				
REFERENC	CE :	676507	8331866			
AUTHORIZATIO	: ИС	Long to b	Cena			
COST LIM	T :	\$02500				
ORDER DATE : May 16, 2022	. =					
ORDER TIME : 9:14 AM						
ORDER NO. : 676507-164						
CUSTOMER NO: 8331866						
			 -	- -		
CHANGE OF AGENT						
NAME: GPT ORLANDO TERMINAL OWNER LLC						
PLEASE RETURN THE FOLLOWING	AS PE	ROOF OF FI	LING:			
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Bak	er					
	EXAMI	NER'S INIT	TIALS:			

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.

Name	of the limited liability company: GPT ORLAN	IDO TERMIN	AL OWNER LLC	· · · · · · · · · · · · · · · · · · ·		
(a)	Park Avenue, 32nd Floor					
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	dress of limited liability company: MAY BE POST OFFICE BOX)		
N	lew York, NY 10016					
05	6/17/2013	N	13000003142			
	Date of filing/registration in Florida	4.	Docume	nt number		
(a) NF	RAI Services, Inc.					
Reg	gistered Agent and Registered Office shown on the records	of the Florida I	ept. of State:			
12	200 South Pine Island Road					
Re	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2022 		
— Pl	lantation,	FL_33324		F		
(b)				27		
Ent	ter name of NEW Registered Agent and/or NEW Register	ed Office addr	<u></u>			
Co	orporation Service Company			AM 10: 32		
<u>NE</u>	EW Registered Office Address:					
12	201 Hays Street					
Ta	allahassee , I	52301 FL				
ange or o ent will is/were a	ted liability company is not organized under the leadinges are made, the Florida street address of the identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the	laws of the S he registered liability com s of the limite	ate of Florida, it is office and the busi pany, it is hereby of d liability compan	iness office of the registered confirmed that the change(s)		
s/ Jill C	ilmi	Jill Cil	Jill Cilmi, Authorized Person			
Signature o	of a member or authorized representative of a member		Printed or	typed name of signee		
hereby a ovisions obligat merely r	ocept the appointment as registered agent and a of all statutes relative to the proper and complet tions of my position as registered agent as provid reflect a change in the registered office address, writing of this change.	gree to act in le performan led for in Ch I hereby conj	this capacity. I fi se of my duties, an apter 605, F.S. Or irm that the limite	orther agree to comply with the d I am familiar with and accep ; if this document is being filed d liability company has been		
iified in O	VI. NVI X DXV	• •				
enature of	Registered Agent	Ami M. Cas	er, Asst. Vice P	resident		