

M14 000006004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

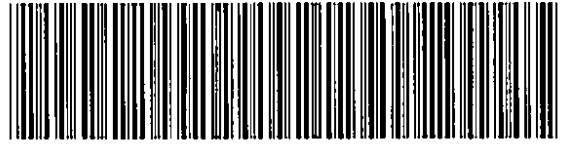
(Document Number)

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2022 JUN -9 AM 8:56


SECRETARY OF STATE  
TALLAHASSEE, FL 323

RECEIVED

2022 JUN -9 AM 11:35

OFFICE OF THE  
TALLAHASSEE, FL 323

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

ACCOUNT NO. : I20000000195  
REFERENCE : 676507 8331866  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : May 16, 2022  
ORDER TIME : 9:08 AM  
ORDER NO. : 676507-123  
CUSTOMER NO: 8331866

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CHANGE OF AGENT

NAME: GPT NW 112 STREET OWNER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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. Name of the limited liability company: GPT NW 112 STREET OWNER LLC
2. (a) 90 Park Avenue, 32nd Floor  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. 08/20/2014 4. M14000006004  
Date of filing/registration in Florida Document number
5. (a) NRAI Services, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
- \_\_\_\_\_
- Plantation, FL 33324
- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- Corporation Service Company
- NEW** Registered Office Address:  
1201 Hays Street
- \_\_\_\_\_
- Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

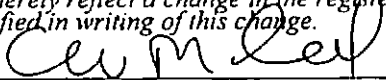
/s/ Jill Cilmi

Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Signature of Registered Agent

Corporation Service Company  
Ami M. Casper, Asst. Vice President