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

ACCOUNT NO. : I2000000195 REFERENCE : 630310 8258111 AUTHORIZATION Correla COST LIMIT ORDER DATE: April 20, 2022 ORDER TIME : 2:34 PM ORDER NO. : 630310-004 CUSTOMER NO: 8258111 CHANGE OF AGENT NAME: GBB CARRIAGE GATE SGS LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland 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	me of the limited liability company:	GAT	E S	GS LLC	
า	(a)	512 E Riverside Dr	•	 (b)	512 E R	iverside Dr
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(17)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 150			Suite 15	0
		Austin, TX 78704	_		Austin, T	X 78704
		10/06/2014		N	и140000	07265
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	JONES, EDDIE				
٠.	(,	Registered Agent and Registered Office shown on the records of the 185 Rialto Drive	ne Flori	da l	Dept. of Sta	ite:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_
						2022 TA
		Ponte Vedra Beach	32081			2022 APR 20 TALLASA
		, , , , , , , , , , , , , , , , ,	_	_		20 person
	(b)					<i>U</i> − c==×
		Enter name of NEW Registered Agent and/or NEW Registered C	Office a	<u>idd</u>	ress:	PR 20 AH 8
		Corporation Service Company				AH 8: 42
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee , FL	32301			_
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste vility of the li	red on mit	office ar pany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
		/s/ Todd Wilson	To	dd	Wilson, I	Manager
Signature of a member or authorized representative of a member Printed or typed name of signee						
pre the to i	ovisio obli nere	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to ac erforn for in rehy c	et it nar Ch con	n this cap ice of my capter 60, firm 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
-		e of Registered Agent				
Gra	ce E.	Kirby, Asst. Vice President of Corporation Service Company Division of Corporations P.O. Bo	ox 632	27•	Tallaha	ssee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)