01400000854W

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

Office Use Only



500383820375

.022 JUH - 9 AM 10: 1

RECEIVED
2022 JUN-9 AMII: 35
ALLAHASSEE, FLOG

of wholauxa

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 676507 8331866 AUTHORIZATION Circles COST LIMIT ORDER DATE: May 16, 2022 ORDER TIME : 9:10 AM ORDER NO. : 676507-131 CUSTOMER NO: 8331866 CHANGE OF AGENT NAME: GPT NW 42ND AVENUE 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. Na	one of the limited liability company:	NW 42ND	AVENUE	OWNER I	.LC
2. (a)	90 Park Avenue, 32nd Floor		(b)		
z. (aj	Principal office address of limited liability of (Note: MUST BE STREET ADDRES		(2).	λ	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10016		 		
	12/01/2014		M	14000008	3546
3.	Date of filing/registration in Florid	da	4.		Document number
5. (a)	NRAI Services, Inc.				
o. (a)	Registered Agent and Registered Office shown on the	ne records of t	he Florida D	ept. of State	:
	1200 South Pine Island Road				s 20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FT) 2022 JUN SEUE	
	Plantation	, FL_	33324		9
(b) _	Enter name of NEW Registered Agent and/or NEW Corporation Service Company				-9 AH 10: 09
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	, FL_	32301		
change agent w was/we	mited liability company is not organized un or changes are made, the Florida street add vill be identical. Or, in the case of a Florida are authorized by an affirmative vote of the cles of organization or the operating agreem	nder the law lress of the r I limited lial members of	rs of the St registered bility com f the limite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Jil	l Cilmi		Jill Cili	mi, Author	ized Person
Signat	ure of a member or authorized representative of a me				Printed or typed name of signee
provisie he obli o mere	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agent of the reflect a change in the registered office of the reflect a change in the registered office of	nt and agre l complete p as provided address, I hi	e to act in performand for in Cha ereby conf	this capac ce of my da apter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
iotified	Lin writing of this charge.	Cor	poration	Service C	Company
Signatur	e of Registered Agent	Am	i M. Casj	per, Asst.	Vice President