M1500005737

(Requestor's Name)							
(Address)							
(Address)							
(C	ity/State/Zip/Phone #	f)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates o	f Status					
Special Instructions to Filing Officer:							
J. HORNE							
MAR 2 4 2023							

Office Use Only



100404500401



CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

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

ACCOUNT NO. : 12000000195							
REFERENCE : 5959207 8182938							
AUTHORIZATION : Springerson							
COST LIMIT : \$ 25.00							
ORDER DATE: March 17, 2023							
ORDER TIME : 1:37 PM							
ORDER NO. : 595920-022							
CUSTOMER NO: 8182938							
CHANGE OF AGENT							
NAME: GULF COAST RV RESORT, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY							
XX PLAIN STAMPED COPY							

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	ime of the limited liability company: GULF COAST F	RV RES	SO -	RT, LLC	
2. (a	a)	233 S. Wacker Drive		(b)	233 S. Wacker Drive	
2 . (,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,	Mailing address of	of limited liability company: BE POST OFFICE BOX)
		Suite 4700			Suite 4700	
		Chicago, IL 60606	_		Chicago, IL 60606	-
		07/21/2015		ļ	M15000005737	
3.		Date of filing/registration in Florida	4.	-	Document nu	mber
5. (a)	NRAI SERVICES, INC.				
J. (,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE,	SS)	<u>. </u>	
						26 5.1.5 7.1.
		PLANTATION . FL	33324	1		2023 HAR 23
a	o)					R 23
(,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ıdd	lress:	7
						т <u>D</u> Рн 12: 1,5
		Corporation Service Company				1.5
		NEW Registered Office Address:				QD
		1201 Hays Street				4,
		Tallahassee	32301			
chan agen was/	ge t w we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	rec or mi	d office and the business npany, it is hereby confir ted liability company or	office of the registered med that the change(s)
		/S/ Jill Cilmi	Jil.	I C	ilmi, Authorized Represe	ntative
Sig	nat	ure of a member or authorized representative of a member		_	Printed or typed	name of signee
prov the o to me notif	isio bli ere ie	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I have this change	ee to ac perforn I for in ereby c	et i nai Ci coi	in this capacity. I further nce of my duties, and I ar hapter 605, F.S. Or, if th nfirm that the limited liab	agree to comply with the n familiar with and accept is document is being filed pility company has been
		re F. Kirhy. Asst. Vice President				

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)