MIS00006483

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(City/State/zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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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	ame of the limited liability company:	G AG CA LLC	
2. (a)	c/o Solow Realty & Development Company, LLC	(b) c/o Solow Realty & Development Company, LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9 West 57th Street New York, NY 10019	
2 . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
	9 West 57th Street		
	New York, NY 10019		
	08/18/2015	M150000	006483
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	 ite:
	UNITED CORPORATE SERVICES, INC.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
	3458 LAKESHORE DRIVE		
	TALLAUACOEE	00040	- 202
	TALLAHASSEE	.32312 	.024 OCT SECRET
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1.6500	6- 6-
	inter name of NEW Registered Agent and/or NEW Registered	i Office address:	AH D
	Corporation Service Company		⊋7. œ
	NEW Registered Office Address:		- 32 32
	1201 Hays Street		_
	Tallahassee . FI	32301	
	···		_
change agent v was/w	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered office a ability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	LAUREN FLEWELLYN	•	WELLYN, AUTHORIZED PERSON
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I din writing of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm 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
<u></u>	Jaco C. Kubly GRACE E. KIRBY. ASS	ST. VICE PRESIDE	ENT
Signatu	ire of Registered Agent		

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 662255