140000001

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(6.5), 5.6-5.5.2,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special mattactions to 1 ming officer.						
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Office Use Only



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2022 JUN -9 AM II: 362022 JUN -9 AM IO: 5 RECRIVED

of 6/10/2022

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

ACCOUNT NO.	: I2000000195
REFERENCE	: 676507 8331866
AUTHORIZATION	Souls de man
COST LIMIT	: (\$\frac{1}{2}5'.00
ORDER DATE : May 16, 2022	
ORDER TIME : 9:17 AM	
ORDER NO. : 676507-300	
CUSTOMER NO: 8331866	
CHANGE OF	AGENT
NAME: GPT SW 12TH .	AVENUE OWNER LLC
PLEASE RETURN THE FOLLOWING A	S PROOF OF FILING:
CERTIFIED COPY	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Bake:	r
E	XAMINER'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	ame of the limited liability company: GPT SW 127	TH AVENUE (OWNER LLC				
2. (a)	90 Park Avenue, 32nd Floor	(b)					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	New York, NY 10016						
	03/30/2016	М	M16000003047				
3.	Date of filing/registration in Florida	4.	Doc	cument num	ber		
5. (a)	NRAI Services, Inc.						
(a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:				
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			ε ÷.	20	
					F F	2022 JUN	
	Plantation	33324			<u>. </u>	烹	E -
	,	r 6				-9	· ·
(b)	Enter name of NEW Registered Agent and/or NEW Register				57 et.	≥	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addre	<u>ss</u> :		m;	<u></u>	
	Corporation Service Company				.T.	AM 10: 52	
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee ,,	FL_32301					
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the companion of of the companio	laws of the Sta he registered of liability comp s of the limited	ate of Florida office and the any, it is her I liability con	business of by confirmation or as	fice of the ed that the	regist chang	ered ge(s)
	l Cilmi	Jill Ciln	ni, Authorized				
•	ure of a member or authorized representative of a member			ited or typed na	-		
provisio he obli o mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and complet gations of my position as registered agent as provid- tly reflect a change in the registered office address,	gree to act in i le performanc led for in Cha I hereby confi	this capacity e of my dutie pter 605, F.S rm that the li	I further a s, and I am j L. Or, if this imited liabili	gree to co familiar w document ity compar	mply with and is being his being being his bei	vith the laccept ng filed been
otified	Lin writing of this change.	Corporation S	Service Con	ıpany	_		
Signatur	e of Registered Agent	Ami M. Casp	ег, Asst. Vi	ce Presiden	nt		