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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

- From: Ami Casper ami.casper@cscglobal.com
- Date: October 1, 2019

Order#: 915255-032

Re: GPM INVESTMENTS, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our offic

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in th Florida,

١.	Na	ame of the limited liability company: GPM INVEST	MENTS 1	, LLC	
2.	(a)	8565 Magellan Parkway, Suite 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t		tailing address of limited liability con (<u>Note: MAY BE POST OFFICE B</u>
		Richmond, VA 23227			
		01/12/2017		M1700000	0339
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Capitol Corporate Services, Inc.			
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
		515 East Park Avenue, 2nd Floor			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	
		Tallahassee Fi	. 32301		2019 OCT -3 SECRETARY TALLY WSS
	(b)	Corporation Service Company			
	()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			SSE W
					OF STAT
		1201 Hays Street			Con Do
		<u>NEW</u> Registered Office Address:			NDA OF
				. <u> </u>	
		Tallahassee FI	32301		
the age wa	e cha ent w s/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li reauthorized by an affirmative vote of the members cress of organization or the operating agreement of the	f the regis ability co of the lim limited l	stered office a mpany, it is ited liability iability comp	and the business office of the r hereby confirmed that the char company or as otherwise prov pany.
	ienat	un of a member or authorized representative of a member	Jill C	Cilmi, Authori	zed Person Printed or typed name of signee
11 pro the to 1 not	ierel ovisio obli mere lified	The accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent os provide ly reflect a change in the registered office address. I fin writing of this change.	performa d for in (hereby co	in this capac ance of my du Chapter 605, onfirm that th	city. I further agree to comply uties, and I am familiar with an F.S. Or if this document is be
		Division of Corporations • P.O. FILING F	Box 6327	• Tallahass	