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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE GPT TPG 4931 GEORGE LLC

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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.

GPT TPG 4931 George LLC

2. (a)			(b)	
` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	90 PARK AVENUE 32ND FLOOR	_	90 PAF	RK AVENUE 32ND FLOOR
	NEW YORK, NY 10016		NEW Y	ORK, NY 10016
	02/21/2017		M17000	001524
3.	Date of filing/registration in Florida	4,		Document number
5. (a)				_
,	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC	the Flori	da Dept. of Sta	stę:
	Registered Office Address (MUST BE FLORIDA STREET.	1DDRE	2227	_
	1200 SOUTH PINE ISLAND ROAD			T
	PLANTATION , FL	3332	4	
	, rt.	·		五二二四
(b)				
` '	Entername of NEW Registered Agent and/or NEW Registered	Office	<u>address</u> :	玉 鱼
	Corporate Creations Network Inc.			9. 00 AUIN A
	NEW Registered Office Address:			_ > 0
	11380 Prosperity Farms Road #221E			
	11300 Prosperty Farms Hoad #221C			
	Palm Beach Gardens , FL	3341	0	_
the cha agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li- limited	gistered offic company, it imited liabili d liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
/s/Pe	eter Tubesing	P	eter Tubes	
	ture of a member or authorized representative of a member			Printed or typed name of signee
•				
There provis the obt 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 cly reflect a change in the registered office address, I d'in writing of this change.	perfor d for it hereby	mance of my Chapter 60 confirm tha	y dunes, and Lam laminar with and accep-