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A. RAMSEY MAY 3 1 2022 * CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 676506 8331866 AUTHORIZATION : COST LIMIT ORDER DATE: May 16, 2022 ORDER TIME : 10:24 AM ORDER NO. : 676506-309 CUSTOMER NO: 8331866 CHANGE OF AGENT NAME: GPT DANIA BEACH OWNER LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

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	ame of the limited liability company: GPT DANIA BEA	CH O	WNE	ER LLC
2. (a)	90 Park Avenue, 32nd Floor		(b)	
z. (a)	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	_ _	_	
	05/31/2017		M17	7000004621
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI Services, Inc.			
,. (a)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	he Florio	la Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	2022
	Plantation, FL_	33324	4	2022 HAY 27 1
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	<u>ddress</u>	基 1. 12 1. 12
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee , FL	32301		
hange gent w vas/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	ed off ompar nited l	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Jil	l Cilmi	Jill	Cilmi,	i, Authorized Person
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
rovisio he obli o mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he Lin writing of this change.	erform for in (reby co	ance (Chapt onfirm	of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
ongied.	en M Lei			ervice Company
ignatur	e of Registered Agent Ami	ı M. C	asper	er, Asst. Vice President