41700010070

(Requestor's Name)						
(Address)	_					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	_					
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:	7					
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of wholavas

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

	ACCOUNT NO.	:	12000000019	95			
	REFERENCE	:	676507	8331866			
	AUTHORIZATION	:	V Vie				
	COST LIMIT	:	\$ 25.00	Man			
ORDER DATE : Ma	ay 16, 2022						
ORDER TIME :	9:19 AM						
ORDER NO. : 6	76507-336						
CUSTOMER NO:	8331866						
				·			
CHANGE OF AGENT							
NAME: GPT US HIGHWAY 301 OWNER LLC							
PLEASE RETURN THE CERTIFIE XX PLAIN ST	ED COPY	PRO	OOF OF FILIN	IG:			
CONTACT PERSON:	Evliena Baker						

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	me of the limited liability company: GPT US HIGH	1WAY 301 O	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 liab	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	New York, NY 10016					
	11/29/2017	M 1	17000010070			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	NRAI Services, Inc.					
). (u)	Registered Agent and Registered Office shown on the records o	f the Florida De	ept, of State:			
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u></u>	202		
				F ;		
	Plantation, F	33324		<u> </u>		
		<u> </u>		الْآرَا وَ		
(b)	Enter name of NEW Registered Agent and/or NEW Registere					
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>ংss:</u> ্	AHII: EJ		
	Corporation Service Company		CAE CAE	47		
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, F	L_32301				
hange igent w vas/we	mited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lire authorized by an affirmative vote of the members les of organization or the operating agreement of the	iws of the Sta e registered o iability comp of the limited	office and the business office of th pany, it is hereby confirmed that the d liability company or as otherwis	e registered ne change(s)		
/s/ Jil	l Cilmi	JIII Cilm	nl, Authorized Person			
•	ire of a member or authorized representative of a member		Printed or typed name of sign			
provisio he obli o mere	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act in t e performance ed for in Chap hereby confi	this capacity. I further agree to core of of my duties, and I am familiar v opter 605, F.S. Or, if this documen frm that the limited liability compa	omply with the with and accept it is being filed my has been		
orified			Service Company	•		
<u> </u>		mi M. Casp	oer, Asst. Vice President			