H18000004085

(Requestor's Name)					
(Áddress)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
JUN 1 0 2022					

Office Use Only

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2022 JUN -9 AM 9: 00 SECRETARY OF STATE

RECEIVED

2022 JUN -9 AM 11: 35

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

;	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	676507	8331866
AU	THORIZATION	:	Linello	Elman
	COST LIMIT	:	\$ (25.00	
ORDER DATE : May	16, 2022		~ ~ ~	
ORDER TIME : 9:0	B AM			
ORDER NO. : 67650	07-089			
CUSTOMER NO: 83	331866			
CHANGE OF AGENT				
NAME · G	PT MERCY DRI	VF (OMNED LLC	
NATE: GI	FI MIRCI DRI	V 11 '	OWNER BEC	
PLEASE RETURN THE I	FOLLOWING AS	PR	OOF OF FI	LING:
CERTIFIED (
XX PLAIN STAM				
CONTACT PERSON: Ey	yliena Baker			
	EX	AMII	NER'S INI	TIALS:

-2

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 MERCY	DRIVE OWNE	RLLC
2. (a)	90 Park Avenue, 32nd Floor		
- . ()	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	- -	
	04/26/2018	M18	000004085
3.	Date of filing/registration in Florida	4	Document number
5. (a)	NRAI Services, Inc.		
J. (a)	Registered Agent and Registered Office shown on the records	of State:	
	1200 South Pine Island Road		. of State: ALL ARE I
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	IN-9
	Plantation, I	33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	ed Office address:	
	NEW Registered Office Address:	 	
	1201 Hays Street		
		32301 - L	
change agent v was/we	imited liability company is not organized under the lear 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	aws of the State ne registered off liability compar s of the limited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Il Cilmi		Authorized Person
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obli o mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid the reflect a change in the registered office address, in	gree to act in th te performance (led for in Chapt I hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
notified	Lin writing of this charge.	Corporation Se	rvice Company
Signatu		Ami M. Casper	r, Asst. Vice President