## 7800008687

(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:				





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of reliolynyx

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195					
REFERENCE : 676507 8331866					
AUTHORIZATION : Line Blessa					
COST LIMIT : \$ 25.00					
ORDER DATE : May 16, 2022					
ORDER TIME : 9:13 AM					
ORDER NO. : 676507-136					
CUSTOMER NO: 8331866					
CHANGE OF AGENT					
NAME: GPT NW 96TH STREET OWNER LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
<del></del>					
CONTACT PERSON: Eyliena 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.

. Na	me of the limited liability company:	SIREELOW	NER LLC
(a)	90 Park Avenue 32nd Floor	(b)	
. (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		
	09/20/2018	M180	000008687
	Date of filing/registration in Florida	4.	Document number
(a)	NRAI Services, Inc.		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		SEGALL.
	Plantation, FL	33324	
(b)			AMIO: 24 SUCCEPT
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	0: 2 FL
	Corporation Service Company		m' ≠
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahasseo	32301	
ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the State registered offi ibility compan f the limited li	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
s/ Jil	l Cilmi	Jill Cilmi,	Authorized Person
_	ure of a member or authorized representative of a member		Printed or typed name of signee
hereb ovisic obli mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a challe in the registered office address, I h	ee to act in thi performance of I for in Chapte pereby confirm	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 of that the limited liability company has been
tified	(in writing of this charge.	rporation Ser	rvice Company