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Division of Corporations

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From:

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: (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE **GDA ZHR LLC**

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K. SALY

FEB 13 2024

## 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.	Name of the limited liability company: GDA ZHF	R LLC		
2. (a	a)	(b)		
,	Principal office address of limited liability compa	eny:	Mailing address of limited liability company:	
	( <u>Note: MUST BE STREET ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE BOX</u> )	
	384 S 400 W, STE 120	P(	D Box 523	
	Lindon, UT 84042		Pleasant Grove, UT 84062  M22000004965	
	03/08/2022	M2:		
3.	Date of filing/registration in Florida	4.	Document number	
ε,				
5. (a)	Registered Agent and Registered Office shown on the rec			
	CORPORATION SERVICE COMPANY	·		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1201 HAYS STREET		ENZA FEB	
	TALLAUACCEE	20204 2505	<del></del>	
	TALLAHASSEE	FL		
			PH 3: 23	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<del></del>	
	time name of the w registered agent amon the wrech	astereo torre adures		
	Corporate Creations Network Inc.			
	NEW Registered Office Address:	•	<del></del>	
	801 US Highway 1			
	North Palm Beach	33408		
	Noth Fam Deach	, rւ	<del></del>	
chan agen was/	e limited liability company is not organized under age or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the men- articles of organization or the operating agreement	of the registered of ited liability compa ibers of the limited	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	Alima Pina	Niyya R	ice. Attorney-in-Fact	
Sig	mature of a member of substitute of a member		Printed or typed name of signee	
prov the o to me	reby accept the appointment as registered agent ar visions of all statutes relative to the proper and com- obligations of my position as registered agent as pr erely reflect a change in the registered affice addra fied in writing of this change.	nd agree to act in the inplete performance covided for in Chapeess, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605. F.S. Or, if this document is being filed m that the limited liability company has been	
Signa	Nivya Rice, Special Secretary attriffer Registered Agent	_		