## M2200004965

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ACCOUNT NO. : 12000000195					
REFERENCE :					
AUTHORIZATION :					
COST LIMIT : \$25.00					
ORDER DATE: 09/09					
ORDER TIME :					
ORDER NO. :					
CUSTOMER NO:					
CHANGE OF AGENT					
NAME:					
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## 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:	GDA ZHR LLC		
	4211 W. Boy Scout Boulevard, Suite	e 500	(h)	
?. (a) .	Principal office address of limited lie (Note: MUST BE STREET A		_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33607		 	
	03/08/2022		М	22000004965
3. 5. (a)	Date of filing/registration in Corporate Creations Network, Inc.	n Florida	4.	Document number
5. (a)	Registered Agent and Registered Office sho 801 US Highway 1	wn on the records of th	ne Florida D	_
	Registered Office Address (MUST BE F	FLORIDA STREET A	DDRESS)	2025 SEP
	North Palm Beach	, FL_	33408	P-9 PH12
(b)	Enter name of NEW Registered Agent and Corporation Service Company	or NEW Registered	Office addr	MIZ 31
	NEW Registered Office Address:			
	1201 Hays Street			····
	Tallahassee	, FL_	32301	
change agent v was/wi	imited liability company is not organ or changes are made, the Florida str	ized under the law eet address of the Florida limited lia of the members of	s of the Siregistered bility com f the limited lia	
	James Jones		James	Jones, Associate General Counsel & VP of Compliance
I here provisi the obi	ture of a member or authorized representative by accept the appointment as registerions of all statutes relative to the profigations of my position as registered ely reflect a change in the registered d in writing of this change.	red agent and agre per and complete p agent as provided office address, I h Cor	for in Ch ereby con poration	Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been Service Company per, Asst. Vice President