112360000003545

(Requestor's Name)									
(Address)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
(Second Harrison)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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HORI, 2024									
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Office Use Only



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2024 MAY 30 PM 3: 18

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195										
REFERENCE : 459862 8445027										
AUTHORIZATION CARROLLING										
COST LIMIT : 35.00										
ORDER DATE : May 7, 2024										
ORDER TIME : 2:51 PM										
ORDER NO. : 459862-242										
CUSTOMER NO: 8445027										
CHANGE OF AGENT										
NAME OF THE TWO IS TO SEE										
NAME: GSPP JEA INGLE FL II, LLC										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:										
CERTIFIED COPY XX PLAIN STAMPED COPY										
CONTACT PERSON: Amanda Miller										
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: GSPP JEA ING	LE FL I	I, L	LC				
2.									
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(0)	٨	failing address of (Note: MAY BE	limited liab	bility com	pany:
		1 LANDMARK SQUARE, SUITE 320			1 LANDMA	ARK SQUARE	, SUITE 3	320	
		STAMFORD, CT 06901	_		STAMFOR	RD, CT 06901			
		03/20/2023		N	123000003	548			
3.		Date of filing/registration in Florida	4.	_]	Document num	nber		
5.	(a)								
	()	Registered Agent and Registered Office shown on the records of VCORP SERVICES, LLC	the Florid	da I	Dept. of State	:			
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>SS)</u>					
		1200 SOUTH PINE ISLAND ROAD							
		PLANTATION	33324						
				_					
((b)								
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddı	ress:			2	
		Corporation Service Company						2024 MAY	
		NEW Registered Office Address:	•					1	<u> </u>
		1201 Hays Street						30	[
							* 1	70	
		Tallahassee . FI.	32301				- 27) - 27	PH IO:	_
cha age was	nge nt w s/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 liare authorized by an affirmative vote of the members of organization or the operating agreement of the	register ability c of the lir	red om mit	office and pany, it is ed liability	the business o hereby confirm company or as	office of the ned that the	ned that he regist he chan	tered ge(s)
		Xie E. Cienie	JIL	.L (CILMI, AUT	HORIZED PE	RSON		
Si	ignat	ure of a rhember or authorized representative of a member				Printed or typed r	name of sign	nee	
pro the to n	visio obli nere	ry accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I I in writing of this change.	ee to ac perforn d for in tereby c	t ir tan Ch ton	n this capac ce of my do apter 605, firm that th	city. I further a uties, and I am F.S. Or, if this ne limited liabi	agree to c familiar s docume lity comp	comply v with an nt is bei vany has	with the d accept ing filed been
Sign	natur	e of Registered Agent	GRACI	ΕE	E. KIRBY.	ASST. VICE I	PRESIDE	ENT	