GFA DEVELOPMENT OO, LLC. FILED OI JAN 25 AM II: 58 SECRETARY OF STATE TAKENAM NO CLARK NA DOOR 2. Phinopal Place of Business TOR MARTIN NO CLARK NA DOOR 2. Phinopal Place of Business SURA ACR, 4I ofc. SURA ACR, 4I ofc. Country Zo Country Zo Country Zo Country Zo Country S. Cartificate of Status Destroy S. Cartificate of Status Dest	200 ⁻	1 UNIFORM BUS	INESS REPO	RT (UBR)	<u>}</u>			Ì	
Principal Place of Business 727 MARTIAN RD CLARK NL 07098 2. Principal Place of Business Suite, Apt. #, etc. City & State CLARK NL 07098 2. Principal Place of Business Suite, Apt. #, etc. City & State City & S			00000510					· :	
727 MARTIAN RD CLARK NU 00098 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of Now Registered Agent 7. Name and Address of Now Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Reference Address of Now Registered Agent FLE NOWILL FEEL STATE Apparent your or principle agent agent and are manuary in the state manual registered agent, or both, in the State of Footda. SIGNATURE Reference Agent in the State of Footda. FILE NOWILL FEEL STATE Apparent your or principle agent agent and are manuary in the State of Footda. FILE NOWILL FEEL STATE Apparent your or principle agent a	GFA DEV			FILED					
2. Principal Place of Business Sulto, Apt. #, etc. Sulto, Apt. #, etc. City & State Sheen Address of Chreent Registered Agent Nerve Sheen Address of New Registered Agent Nerve Sheen Address of New Registered Agent Nerve Sheen Address of New Registered Agent City FL Zor Code City FL Code C	Principal Place of Business Mailing Address			:		01 JAN 25 /	MII: 58		
2. Principal Place of Business Sulto, Apt. #, etc. Sulto, Apt. #, etc. City & State Sheen Address of Chreent Registered Agent Nerve Sheen Address of New Registered Agent Nerve Sheen Address of New Registered Agent Nerve Sheen Address of New Registered Agent City FL Zor Code City FL Code C		=	- · · · · · · · · · · · · · · · · · · ·			TALEAHASSEE, FLORIDA			
City & State City & State City & State City & State A. FEI Number 22-3429283 Applicable of Foot Applicable Note Applicable Note Applicable Foot Applicable	2. Principal F	Place of Business	3. Mailing Address	•					
Zip Country Zip Country S. Cardificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
S. Certificate of Status Desired \$9.00 Addition \$9.00	City & State		City & State		4. FEI Nur	nber 22-3429293	 		
SHERBERG, SAMUEL 7100 RADICE COURT FORT LAUDERDALE FL 33319 City FL Zip Codo City				Country		Fee Required			
SHEINBERG, SAMUEL 7700 RADIOC COURT FORT LAUDERDALE FL 33319 City FL Zip Code City FL Zip Code 6. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SPENIAR Yood or printed name of registered agent and till of registerial point and the registerial point of registerial point of the purpose of point and till of registerial point of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SPENIAR YOOD OF printed name of registerial point and till of registerial points required when requirity is compared when requirity is compared to the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNA		6. Name and Address of Current	Registered Agent	Name	7."Name a	nd Address of New Register	ed Agent		
EXAMPLE IN ADDITIONS / Change		•							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Synature, howd or private name of registered agent and the it repotential. (NOTE: Registered Agent algentum required when remosating)						-			
SIGNATURE Synchron, hybord or printed name of registered against artiful it applicable. (NOTC: Registered Again signature required when remotating) (NOTC: Registered Again signature remotating) (NOTC: Registered Again signature remotation) (NOTC:		,		City		F	Zip Code	e	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Property Prope	8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or reg	gistered agent, or I	both, in the State of Florida.			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9.	SIGNATURE .	Signature typed or printed name of registered agont	and title if applicable (NOTS	Posistared & cost signature re-		DAT			
Make Check Payable to Department of State 9.		and the state of t	(NOTE.	negistereti Agent signatura re	aquired when reinstating)	DAN	<u> </u>		
MBR ALPER, GARY P.O. BOX 122 MONTVALE NJ 07645 TITLE MBR ALPER, LORI STRET ADDRESS CITY-51-2IP MONTVALE NJ 07645 TITLE MMR ALPER, LORI STRET ADDRESS CITY-51-2IP TITLE MAKE STRET AD	٠			•					
ALPER, GARY P.O. BOX 122 WONTVALE NJ 07645 TITLE MBR ALPER, LORI P.O. BOX 122 MONTVALE NJ 07645 TITLE MPR ALPER, LORI P.O. BOX 122 MONTVALE NJ 07645 TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY	9.		ERS/MEMBERS	10.		ADDITIONS/CHANG	ES		
TITLE NAME ALPER, LORI STREET ADDRESS CITY-ST-ZIP NONTVALE NJ 07645 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET	NAME	ALPER, GARY	☐ Delete	NAME			☐ Change	Addition 00/11/00	
NAME P.O. BOX 122 MONTVALE NJ 07645 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	CITY-ST-ZIP	MONTVALE NJ 07645		CITY-ST-ZIP					
CITY-ST-ZIP MONTVALE NJ 07645 CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	ALPER, LORI		NAME			∐ Change	L Addition 5	
NAME STREET ADDRESS CITY-ST-ZIP Delete	CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT		and the second s	☐ Delete		, <u>, , , , , , , , , , , , , , , , , , </u>	: UBBERGORD 10/20/01		Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	STREET ADDRESS			STREET ADDRESS	· · ·		*****5	0.00	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete TITLE Obelet			☐ Delete			. /	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under coth; that I am a magazine member or manager of the	STREET ADDRESS			STREET ADDRESS	U	W			
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am a managing member of the			,						
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am a managing more by a manag	.,*		Defete		.		Change	Addition	
INDICATED OF THIS FEDORE IS TIME AND ACCUPATEMENT THAT MY SIGNATURE SHAll have the same lenal effect as it made under cath, that I am a managing mambar or managing mambar of the	CITY-ST-ZIP	name of the contract of the co	- de a apresant a consequence de	CITY-ST-ZIP	THE REPORT OF THE SECOND SECON	err i hi e		·	
this report as required by Chapter 606, Florida Statules.	maicatea (on this report is trae and accurate and t	nat my sionature shall have th	ie same lenal ettect as	e it morte under ce	the that I am a managing more	ertify that the interest in th	formation of the	
SIGNATURE: SIGNATURE AND THE REQUISITY Alper, Member 1/15/01 732-382-5011 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #	SIGNAT	URE: SIGNATURE AND TYPED OF PRINTE NAME OF	VRE REQUES						