## P12000037385

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	<b>WAIT</b>	MAIL MAIL
(Business Entity Name)		
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Barbara Glanz Communications, Inc.				
Name of Corporation				
DOCUMENT NUMBER:P12000037385				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Barbara A. Glanz				
Name of Contact Person				
Firm/Company				
1 mile Company				
6140 Midnight Pass Road #802				
Address				
Sarasota, FL 34242 City/State and Zip Code				
City/State and Zip Code				
bglanz@barbaraglanz.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Steven W. Teppler, Esq. at ( 941 ) 487,0050				
Steven W. Teppler, Esq. at ( 941 ) 487.0050  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of I	Florida
	the corporation: Barbara Glanz Communications, Inc.	
	office address: 6140 Midnight Pass Road, #802 Sarasota, Flori	da 34242
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: April 19, 2012 Document number:	P12000037385
	d street address of the current registered agent and registered office on file w rtment of State: (If resigned, enter resigned)	ith the
	Barbara A. Glanz	
	6140 Midnight Pass Road #804	12 H
	Sarasota, FL 34242	- 12 A
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	fice Fig. 7.
	Barbara A. Glanz	_ 50
	6140 Midnight Pass Road #802	
	P.O. Box NOT acceptable	
	Sarasota, FL 34242	_
The street address changed will	ess of its registered office and the street address of the business office of l be identical.	its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by a he board, or the corporation has been notified in writing of the change.	n officer so
B-0	Barbara A. Glanz, F	President
I hereby accept I further agree of my duties, an document is bet corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	
1 6	April 30, 201  gnature of Registered Agent Date	2
// (s/g	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	Barbara A. Glanz	
,	Typed or Printed Name  * * * FILING FFF. \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)