

L17000101107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

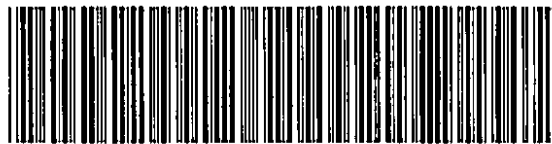
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400314372274

06/11/18--01010--031 \*\*25.00

18 JUN 11 PM 11:49  
COMMUNICATIONS

JEGETT  
JUN 12 2018

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Glez Cse Solutions LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dunde Gonzalez  
Name of Person

Glez Cse Solutions  
Firm/Company

915 W 69th ST  
Address

Hialeah Florida 33014  
City/State and Zip Code

Yizony @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dunde Gonzalez at ( 786 ) 301 2292  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Glez Cor Solutions LLC
2. (a) 915 W 69th St Hialeah FL 33014 (b) 915 W 69th St Hialeah FL 33014  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 05/08/2017 Date of filing/registration in Florida 4. L17000101107 Document number

5. (a) Registered Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3030 N. ROCKY POINT DRIVE, STE 150A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- Tampa, FL 33607  
(b) Olivia Gonzalez  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

915 W 69th St  
Hialeah, FL 33014  
NEW Registered Office Address:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Olivia Gonzalez  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00