16 2014 11:06 Triad 7702201943 LOOOOOOS |
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000072142 3)))



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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : I20080000085

: (770)777-2091

Phone

Fax Number

: (770)220-1943

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE GLORIA-GLASS L.P. LTD.

Certificate of Status	0
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APR 1.6 2014

COVER LETTER

TO: Registration Section Division of Corporations	\$					
SUBJECT:	GLORIA-GI	ASS L.P. I	LTD.			
Name of Limit	ed Parmership or Lim	ited Liabili	ty Limited Partnership			
DOCUMENT NUMBER:	CUMENT NUMBER: B9200000051					
The enclosed Statement of Char fee(s) are submitted for filing.	ige of Registered (Office and	l/or Registered Agent and			
Please return all correspondence	concerning this n	natter to:				
Elissa H	lart		•			
Contact Pe	rson					
Smith, Gambrell &	: Russell, LLP					
Firm/Comp	pany		•			
1230 Peachtree St	L, Suite 3100					
Addre		_	<u>-</u>			
Atlanta, GA	30300	•				
City, State and			•			
•	-					
E-mail address: (to be used for fu	griaw.com	-frantian)				
E-mail address, (to be deed to be	nure annual report not	ilication)				
For further information concerni	ing this matter, ple	ase call:				
Elissa Hart	at (404	815-3500			
Name of Contact Person	Aı	ea Code an	d Daytime Telephone Number			
Enclosed is a \$35,00 check made	e payable to the Fl	orida Dep	partment of State.			
STREET ADDRESS:		MAILI	ING ADDRESS:			
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building			ox 6327°			
2661 Executive Center Circle		Tallaha	ssee, FL 32314			
Tallahassee, FL 32301						

INHS04 (01/06)

(((H14000072142 3)))

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.		GLORIA	-GLASS L.P. LT	D.	
	Name of Limite	d Partnership o	v Limited Liabili	ty Limited Partr	icrship
2	12/15/1992		3		0000000 5 1
Date of	filing/registration	in Florida		Florida do	cument number
4. The name of the Department of St		nt and the regis	tered office addre	ss as shown on	the records of the Flori
		CT Con	poration Systems		三
			Name		SSI SSI
1200 South Pin			h Pine Island Ros	ad	
			Address	······································	S
Plantation, F			tion, PL 33324		OR OR
City, State and Zip					
			, Gambrell & Rus Name 0 North Laura St		
	Flori	da street addre	ss (P.O. Box not a	acceptable)	
	Jacksonville			FL 32202	
		City,	State and Zip		
6. Such change Gloria-Glas	(x) is age effective is-Sports-Resorts	when tiled by the Ltd.	e i hrida i tepatim	ent of State.	
By: Signature of Ger	- /	λ, , , Secr	etary		
comply with the and family	the approximent as provisions of all so it with an acceptable Russell, LTP	annes relance o	o the peoples and co	omplete perform	Epiriber ogrev to ince al niv thiles
Filing Fee:		\$35.00	(((H1400	0072142 3)))	
Certified Co.	ny (outional):	852.50			