

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Ві	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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ALLANASSEE PROBINA

21A CAS AUG 07 2015

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 4, 2015

Order#: 732421-007

Re: GLSEN, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

d.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Flori n organized under the laws of the State r registered agent, or both, in the State	of <u>Massac</u>	chusetts		
1. The name of	the corporation: GLSEN, INC.					
2. The principal	office address: 90 Broad Street 2	nd Floor New York, NY 10004				
3. The mailing a	address (if different):					_
4. Date of incor	poration/qualification: 08/06/2002	2 Document number: F020	00004007	7		
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file resigned)	e with the			
	NRAI Services, Inc.					
	NRAI Services, Inc.			<b>5</b> 2	ಪ	
	Plantation	FL 33324	_	LLAII	5 AUG 6	• • •
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered	l office	ASSEE, FLORID	3:: -::	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	Corporation Service Company				6: H5	
	1201 Hays Street			DA.	ان	
	P.O. E Tallahassee	Box NOT acceptable FL 32301	_			
The street address changed will	ess of its registered office and the be identical.	street address of the business office o	f its regis	tered age	nt,	
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by een notified in writing of the change.	an officer	· so		
	7262	Dona Priebe		Presider	nt	
I haraby accent	the appointment as registered as	Printed or typed name an	1 title			
I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of a mv duties, and I am familiar with	gent and agree to act in this capacity.  All statutes relative to the proper and contains and accept the obligation of my posity to reflect a change in the registered of this change.	tion as res	zistered ess, I		
	2-Kuble	07/30/2015			_	
	nature of Registered Agent	Date				
	half of an entity:					
	Assistant Vice President  yped or Printed Name					
1	ypes or rantes rame					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*