## F00000055/2

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		TANKAN MARIAN MA

Office Use Only



100083745131

01/11/07--01015--005 \*\*35.00

TIL TU 07 JAN 11 AM 10: 44 SECHETARE DE STATE SECHETARESEE. FLORIDA



## **COVER LETTER**

Divis	ndment Section ion of Corporations	
SUBJECT:_	GLAROS CONSULTIA	IG INC. dba VIVA LAS
	T NUMBER: F06000055	
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:
	PAULA HE	ARRIS tact Person)
	GLAROS CONSULT (Firm/Con	TING INC.
	10301 LAKE AVE.	# 211 ess)
	CLEVELAND, OHI	0 44102 d Zip Code)
For further in	formation concerning this matter, please ca	all:
PAU	LA HARRIS (Name of Contact Person)	at (216) 939-9996 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departs	nent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is submitted for a corporation organized under the laws of the State of <u>OHIO</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GLAROS CON SULTING INC.
2. The principal office address: 3615 FOWLER ST. FORT MYERS FL 339
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/23/2006 Document number: FO 600000 5512
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
PAUL PARRINO
3615 FOWLER ST.
FORT MYERS, FL 33901
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AARON BELAIR
3615 FOWLER ST.  (P.O. Box NOT acceptable)
FORT MYERS, FL 33901
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Robert C. Noble Robert C. Noble V.P.  (Signature of an officer or director)  Robert C. Noble V.P.
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Whon Belan 1-3-2007 (Signature of Registered Agent) 1-3-2007 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

\* \* \* FILING FEE: \$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)