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Office Use Only



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SACRETARY OF STATE
FALLAHASSEE FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Glencar Corp., 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:		
William A. Greenberg  Name of Person  William A Greenberg  Firm/Company  HOI W. Fairbanks Ave., So  Address  Winter Park FL 3278  City/State and Zip Code	Esquire te 100  Esquire  FALLAHASS	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call:		
William A Greenberg at (407) 339-5944  Name of Person at (407) 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 followi		
☑ \$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 608.416 or 608.508, 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:Glenca,	Corp.LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2615 Lee food Winter Park FL 32789	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5537 Long Lake Hills Blud Orlando EL 32810	
3. Date of filing/registration in Florida	<u>L0000000 3989</u> 1. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	William A Greenberg Esq	
Registered Office Address:	6500 South Highway 17-92	
	SSER 9	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	SO ST STANDARD	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 W. Fairbunks Avew Suite 100 Winter Park FL 32789	
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 of a member or authorized representative of a member		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608. F.S. Or, if this document is being filed to mer address, Wereby confirm that the limited liability company  Signature of Registered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	

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