## L0200000 2827

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March 15 March

## 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. The name of the limite	d liability company	is: GLENM	IERY LLC		
2. The mailing address of				ST ROAD,	
STE. #L8319, SARASO					
02/05/2002	L02000002827				
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registe Florida Department of S		gistered offic	e address as shown	on the records of the	
Troited Department of t		OSEPH EVA	ANS	_	
	1455 TALLEV	Name AST ROAD,	STE. #L8319		
		Address SOTA, FLOI ity, State and	RIDA 34243	· -	
6. The name and address of		• .	•		
	J	OSEPH EVA	ANS		
	1901 6	Name SOTH PLACE	E, STE. #L8319		
•	Florida street add	ress (P.O. Box	x NOT acceptable)		
	BRADENTO	ON <sub>FL</sub>	34203	2	
	City	y, State and Z	ip	<b>01 10</b> 0	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited that the limited that the limited liability company is a likely subject to the limited liability company in the li	tange or changes are the registered agent eby confirmed that d liability company f the limited liabilit	e made, the Flace will be ident the change(s) or as otherwise y company.	lorida street address	Florida, it is hereby of the registered office	
authorised signaroty of	Samult LLC		_		
(Printed or typed name of signee)  I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F. Y. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registeres s of all statutes rela l accept the obligat his document is bei that the limited lial	d agent and a tive to the pro ions of my po ng filed to me vility company	gree to act in this ca per and complete p sition as registered rely reflect a change y has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314