

(Re	equestor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Bu	siness Entity Nam	iej			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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08/19/24--01014--007 **25.00

COVER LETTER

TO: Registration Section Division of Corporations						
Glarus Holdings , LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Reg	gistered Office Change and fo	ee(s) are submitted for filing.				
Please return all correspondence co	ncerning this matter to the fo	ollowing:				
Name of P	verson	_				
Mendez & Fernandez PA						
Firm/Com	pany	_				
355 Alhambra Circle, Suite 1100		_				
Address						
Coral Gables, FL 33134		_				
City/State and	Zip Code					
E-mail address: (to be used for	or future annual report notific	cation)				
For further information concerning // // // // // // // // // // // // //	g this matter, please call: JIVA at (305	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for t	he following amount:					
Z\$25 Filing Fee	□ SS	55 Filing Fee & Certified Copy				

INHS18 (2/14)

◆STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b		
	(<u>.vinc. in OS i int. 37 (13.7 / 1387 (13.67)</u>)		N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	830 Almeria Av		830 Almeri	a Av
	Coral Gables, FL 33134	- -	. Coral Gab	oles, FL 33134
	05/20/2003		L030000181	13
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mendez & Fernandez PA			
5. (a)	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	
	355 Alhambra Circle, Suite 1100			
	Coral Gables FL.	33134		
(b)	Luis MARQUINA			
, ,	Enter name of NEW Registered Agent and/or NEW Registered (Office add	dress:	
	830 Almeria A.	Je_		: .
	NEW Registered Office Address:			
	FI	3	3(3)	<u> </u>
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial attention or authorized by an affirmative vote of the members of clessof organization or the operating agreement of the l	registere oility co Tthe lim	ed office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	ture of a member or authorized representative of a member			
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	re to act performa for in C ereby co	in this capa ance of my a Chapter 605, onfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been