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SECRETARY OF STATE DIVISION OF ECH CARATIONS



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Glass Properties L (Name of Limited Li	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	SECRETARY 19 2006 HAY 19
Scott Schell (Name of Person)	
Setf-employed	AH 11: 49
4809 S. Mound Ave Unit	#202
Tampa FL 33611 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Scott Schell at (81) (Name of Person)	3 34-2258 (Area Code & Daytime Telephone Number)
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	t: /
□\$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 unders liability company submits the following statement in order to change its registered office agent, or both, in the State of Florida.	igned limited or registered
1. The name of the limited liability company is: Glass Properties LLC	
2. The mailing address of the limited liability company is : 4809 S. Mound	Ave
#202 Tampa FL 33611	<u></u>
THE LIGHT TE SUBIT	·
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the record Florida Department of State:	ls of the
Corporation Service Company	
Name 1	
Address Address	
Talla Master H = 32301	~ 0
City, State and Zip	900. IVIS
6. The name and address of the new registered agent and/or office:	SECRETAR)
Scatt Scholl	OF CAR
ACCO C M Name A	900
4709 S. Mound Ave #202	T de S
Florida street address (P.O. Box NOT acceptable)	PORATIONS
Tampon FL 33611	6 **
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is be confirmed that after the change or changes are made, the Florida street address of the register and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of corthopperating agreement of the limited liability company.	ered office
Mott & hell managing member	
Signature of a member or authorized representative of Comember)	
Scott Schell	
(Printed or typed name of signee)	47
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as prov Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the regist address, I hereby confirm that the limited liability company has been notified in writing of t	iner agree to If my duties, Vided for in Gered office his chänge.

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

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