## LOGOSOLOGIST

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## **COVER LETTER**

	tration Section on of Corporations		
SUBJECT:	Glass America Florida LI		
	(Name of Lin	imited Liability Company)	
Dear Sir or M	ladam:		
The enclosed	Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return	all correspondence concerning the	this matter to the following:	
Jaime Sorre	entino	·	
	(Name of Person)	· .	
Reitler Bro	own & Rosenblatt LLC	SECRE	07 JUI
	(Firm/Company)	HASS	<u>ω</u>
800 Third A	Avenue, 21st Floor	SEE. FLORID	07 JUL 31 PM 4:20
	(Address)	_ORI	+: 2
New York, 1	New York 10022	DA A	0
	(City/State and Zip Code)		
For further in	formation concerning this matter	r, please call:	
Jaime Sorre	(Name of Person)	at ( 212 ) 209-3009 (Area Code & Daytime Telephone )	Number)
Regist Divisi Cliftor 2661 I	ET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle classee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclo	osed is a check for the following	g amount:	
□\$2:	5 Filing Fee	X \$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.

agent, or both, in the Stat	e of Florida.		•	•	•	•	
1. The name of the limite	d liability company	y is: Glas	s America Flor	ida LLC	·····		
2. The mailing address o	f the limited liabilit	y company	ris: <u>14513 N. N</u>	Vebraska Av	renue, Su	ite l	<u>.19,</u>
June 29, 2006			L06000066	5107	•		
3. Date of filing/registrat	-	4. Docume	ent number			_	
5. The name of the register Florida Department of	ered agent and the r State:	registered o	ffice address as si	hown on the	records of	the	
•	Glass Ame	rica Mid	west_Inc.				
		Name	}				
	1301 Copa	44.4			_4		
	Pompano B	Addres each, Flo	ss orida 33064		SEC	ر 07	-
		ity, State a	nd Zip	<del></del>	CRE	JUL 3	u erasers
6. The name and address	of the new registere	ed agent an	d/or office:		ASSE ASSE	3	7
	Glass Ame	rica Midv	west Inc.		im <sub>S</sub>	PX	
		Name			TS.	F	
			Ave., Suite 1		TATE	20	
	Florida street add	iress (P.O.	Box NOT accept	able)	Ď,		
	Tampa	FL	33613		_		
	Cit	ty, State and	d Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is be of the members of the limor the operating agreement.	nange or changes at the registered agen- reby confirmed that nited liability comp	re made, the at will be id t the change any or as o	e Florida street ad entical. Or, in the e(s) was/were aut therwise provided	ldress of the r e case of a Flo horized by an	registered o orida limit affirmativ	office ed ve vote	; 1
(Signature of a member or author	zed representative of a m	ember)	<del></del>				
Scott Wills							
(Printed or typed name of signee)			<del></del>				
I hereby accept the appoint the appoint the provision and I am familists with an Chapter 608, F.S. Or, if the address, I hereby configure	ntment as registere s of all statutes rela d accept the obliga his document is bei that the imited lia	ed agent and ative to the tions of my ing filed to bility comp	d agree to act in it proper and comp position as regist merely reflect a c any has been noti	this capacity. lete performa tered agent a hange in the ified in writin	I further once of my sprovided registered g of this ch	agree i duties for in office hange.	to

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

(Signature of Registered Agent)