

December 05, 2008

Attention: Registration Section

RE: Change of address request

To whom it may concern;

Please see the attached check for \$55.00 and paperwork needed to change address of

CAROLINE GLEASON MANAGEMENT, LLC L06000077777

Our new address is;

**690 Lincoln Road
Suite 301
Miami Beach, FL 33139**


Our old address was:

**227 9th Street
2nd Floor
Miami Beach, FL 33139**

Should you have any questions, feel free to contact Caroline or myself

Thank you,

John Gleason


305-695-2731 office

305-606-4168 mobile

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAROLINE GLEASON MANAGEMENT, LLC (address change)
(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:

CAROLINE GLEASON

(Name of Person)

CAROLINE GLEASON MANAGEMENT, LLC

(Firm/Company)

690 LINCOLN ROAD SUITE 301

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE OR JOHN GLEASON at (305) 695-2731 OR 305-606-4168
(Name of Person) (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 following amount:

☐ \$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: CAROLINE GLEASON MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 690 LINCOLN ROAD SUITE 301
(Note: MUST BE STREET ADDRESS) MIAMI BEACH, FL 33139

(b) Mailing address of limited liability company: 690 LINCOLN ROAD SUITE 301
(Note: MAY BE POST OFFICE BOX) MIAMI BEACH, FL 33139

08/24/2006

L06000077777

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CAROLINE GLEASON

Registered Office Address: 227 9TH STREET
2ND FLOOR
MIAMI BEACH, FL 33139

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: _____

NEW Registered Office Address: 690 LINCOLN ROAD
(MUST BE FLORIDA STREET ADDRESS) SUITE 301
MIAMI BEACH, FL 33139

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 15 PM 1:11

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.

Carole Gleason
(Signature of a member or authorized representative of a member)

CAROLINE GLEASON

(Printed or typed name of signee)

John Gleason
JOHN GLEASON

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00