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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE Dec - 6 2024			

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2025 JAN - 3 FB to 22

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115 N CALHOUN ST., STE. 4 TAŁLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:_	01/03/2025	
Name:	Cheyanne Davis	_
Refere	nce #: <b>2616970</b>	_
Entity N	Name: GLO RE	NTALS, LLC
	Articles of Incorporation/Authorization	
_	·	to Transact Basiless
LJ '	Amendment	
<b>√</b>	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	ized Amount: \$25	
Signati	ure: Unyma Paine	

F; 800.944.6607



04/00/0005

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	01/03/2025	
Name:	Cheyanne Davis	_
Reference	#:2616970	
		RENTALS, LLC
☐ Artic	cles of Incorporation/Authorizatio	n to Transact Business
Ame	endment	
✓ Cha	ange of Agent	
Reir	nstatement	
Con	eversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Oth	er	
Authorized	Amount: \$25	
Signature:	Chyma Paine	

F: 800.944.6607

## COVER LETTER

TO: Registration Section Division of Corporations	
GLO RENTALS, ELC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Douglas R. Thornburg	
Name of Person	
Paule, Camazine, & Blumenthal P.C.	
Firm/Company	<del></del>
165 N. Meramec Ave. Ste. 110	
Address	
St. Louis, Missouri 63105	
City/State and Zip Code	
dthornburg@pcblawfirm.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e cail:
Grant M. Gamm	314 244-3609
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 the following amou	int:
\$25 Filing Fee	□ \$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.

Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  Auling address of limited liability company: (Nate: MAY BE POST OFFICE BG  T/23/2007  L07000075630  Date of filing/registration in Florida  Aubry L. Harper  Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6104 Magnolia Lane  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  Lakeland  FL  33810  Cogency Global, Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:  115 North Calhoun Street Ste. 4  NEW Registered Office Address:	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)  Mailing address of limited liability (Nate: MAY BE POST OFF)  7/23/2007  L07000075630  Date of filing/registration in Florida 4. Document number  Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6104 Magnolia Lane  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Lakeland , FL 33810  Cogency Global, Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:  115 North Calhoun Street Ste. 4  NEW Registered Office Address:  Tallahassee , FL 32301  et limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed ge or changes are made, the Florida street address of the registered office and the business office of the twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the twill be identical. Or, in the case of a Florida limited liability company or as otherwise were authorized by an affirmative vote of the members of the limited liability company or as otherwise.	104 Magnolia Lane, Lakeland, FL, 33810	(b) P.0	O. Box 91132, Lakeland, FL 33810
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

/s/ Kathie M Fleck Assistant Secretary