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D. BRUCE

OCT 19 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJECT: Glennlauren LLC  Name of Limited Liability Company			
	Name of	Elimica Elability Company	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	this matter to the following:	
	Thomas W. Harshman		
	Name of Person		
•	Glennlauren LLC Firm/Company		
	4016 Lilac Road	<del></del>	
	Address  Allentown, PA 18103  City/State and Zip Code  twharshman@gmail.com  -mail address: (to be used for future annual report i	10 OCT 18 AH #1: 29  LLAHASSEE, FLORID,  notification)	
	urther information concerning this matt	Om :	
	Thomas W. Harshman Name of Person	at ( 610 ) 390-9562  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	ng 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:	Glennlauren LLC
2. (a) Principal office address of limited liability company	7: 1575 Main Street
(Note: MUST BE STREET ADDRESS)	Sarasota, FL 34236
(b) Mailing address of limited liability company:	4016 Lilac Road
(Note: MAY BE POST OFFICE BOX)	Allentown, PA 18103
April 29, 2010	L10000046424
<del></del>	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Agents and Corporations, Inc.
Registered Office Address:	300 Fifth Avenue South Suite 101-330 Suite 101-330 Suite 101-330 Suite S
(b) Enter name of NEW Registered Agent and/or NEV	CO SEE
NEW Registered Agent:	John B. Harshman
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1575 Main Street
	Sarasota ,FL34236
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Thomas W. Harshman Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (05/08)