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	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PiCK-UI	P WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of S	Statu s				
Special Instructions to Filing Officer:						





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12/04/17--01014--009 **25.00



D. SCOTT DEC 5 2017

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.

1. Nai	me of the limited liability company:	GLA	sen	Gross,	LLC	•
2. (a) _	, , ,	(b)	· -			
(u) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	9314 FOREST HILL BLVD.		9314	1 Fones	Him	BLVD
	WELLINGTON, FL 334/1	····	Wa	LINGTON	FL	3341
	11/15/11		111	610001	1962	8
3.	Date of filing/registration in Florida	4.		Document numb		
5. (a)						
	Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State:			
	STEFANI GLASER					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
	5504 Homerand Ko	CA				
	LAKE WONTH ,FL	334	149		1.7	_
		- · · · <u></u>		;-	댪	, ,
(b)	Enter name of NEW Registered Agent and/or NEW Registered C				לרה ליים 1	r
	Enter name of NEW Registered Agent and/or NEW Registered C)ffice addre	<u>:ss</u> :	,		7.7
	STEFANI GLASER			; 		
	NEW Registered Office Address:				E E	
	9314 FOREST HILL BLVD.	•			Dr. E	
	WELLINGTON ,FL	331	111			,
the chai agent w was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registe pility com the limite	red office pany, it is ed liability	and the business hereby confirme company or as of	office of the	ne registered hange(s)
	18 Alle	2	STEF	ANI GZ	AS ER	
	member or authorized representative of a member			Printed or typed nar		
provisio the obli to mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he in writing of this change.	e to act in verforman for in Ch vereby con	i this capac ce of my di apter 605, firm that th	city. I further as uties, and I am f. F.S. Or, if this a ne limited liabili	gree to com amiliar with document is ty company	ply with the h and accept being filed has been
Signatur	n of Registered Agent					

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