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J. SAULSBERRY EXAMINER MAY 1 7 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Glacear, LLC

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:

Roberto Dilena

Name of Person

Enterprise Resource Planning, INC

Firm/Company

10305 NW 41ST Street Suite 219

Address

Doral, FL 33178

City/State and Zip Code

rdilena@erp-inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Dilena

....305

471-5874

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 OF 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: GLACEAR, LLC				
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	NY: 10305 NW 41ST STREET SUITE 219 DORAL , FL 33178			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10305 NW 41ST Street SUITE 219 DORAL, FL 33178			_
04/22/2013	L12000081756			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida D	ept. of	State:	
Registered Agent.	SAUGAN, UNINA A			
Registered Office Address:	1609 S.W. 57TH AVE	<u> </u>	28	
	MIAMI FL 33155			- -~
•		37 g	- ~	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addr	ess:	9	<u> </u>
NEW Registered Agent:	Enterprise Resource Planning Inc.		7	
NEW Registered Office Address:	10305 NW 41ST Street	温度	ထ္ ယ	
(MUST BE FLORIDA STREET ADDRESS)	Suite 219		22.172	
	Doral	,FL	33178	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member WHEN LUIS HANNEL ROOM OVE 2.	Florida street address of the intical. Or, in the case of a Fl	registere orida lin	d office	of
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my perchapter 608 F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company	agree to act in this capacity. roper and complete perform osition as registered agent a erely reflect a change in the iy has been notified in writir	I furth ance of i s provid register ig of thi	er agree my duties led for in ed office s chänge.	to

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

MODERNO DILENS

Signature of Registered Agent