L12000/100301

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE
FALLAHASSEEL FLORIDA

APPROVED AND FILED

D. BRUCE
AUG 0 9 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	JECT:		liese L					
	Name of	Limite	d Liabil	ity Con	npany			
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered	Office	Change	and fee	e(s) are submitted for filing	ıg.		
Please	e return all correspondence concernin	g this n	natter to	the foli	owing:			
	Pouse Puis							
	Reyes Ruiz Name of Person			_				
	Gliese LLC							
	Firm/Company							
	1521 Alton Rd, #410 Address			_				
					:	~ (T> 2 : :		
	Miami Beach, FL 33139	1			•	EC.	12 AUG	
	City/State and Zip Code				;	CRETARY OF	3	₽
					•	SA SR	8-	APPROVED AND FILED
	freedomdeal@gmail.con -mail address: (to be used for future annual repor	n			•		130	2 0 68
Ŀ	tion be used for future annual repor	i notificati	10 n)		,	<u></u>	-	<u> </u>
For fi	urther information concerning this ma	tter, ple	ease call	:		TATE ORIDA	AM 10: 26	
	Rey	at (305)	249-1616			
	Name of Person			Area Cod	e & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		MA	AILING	ADDRESS:			
	Registration Section				Section			
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327							
	Clifton Building 2661 Executive Center Circle				327 , Florida 32314			
	Tallahassee, Florida 32301		ıaı	ianassee	, FIOLICIA 32314			
	Enclosed is a check for the follow	ing am	ount:					
	\$25 Filing Fee		\$	55 Filing	g Fee & Certified Copy			

INHS18 (5/08)

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.

Name of the limited liability company:	Gliese LLC				
2. (a) Principal office address of limited liability company	y: 1521Alton Rd, #410				
(Note: MUST BE STREET ADDRESS)	Miami Beach, FL 33139				
(b) Mailing address of limited liability company:	1521Alton Rd, #410				
(Note: MAY BE POST OFFICE BOX)	Miami Beach, FL 33139				
8-5-2012	L12000100301				
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:	Reyes Ruiz				
Registered Office Address:	1521Alton Rd, #410				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Reyes Ruiz					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1521Alton Rd, #410				
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 identiability 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	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization				
Reyes Ruiz					
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	igree 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 y 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