

C170000 89941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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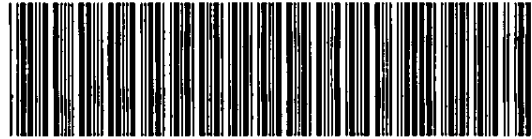
(Business Entity Name)

(Document Number)

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FILED
16 MAY 23 AM 7:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2016

J SHIVERS

**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. Name of the limited liability company: GLENMARTIN FLORIDA, LLC

2. (a) 1201 Hays Street (b) 16200 Addison Road, Suite 110
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Tallahassee, FL 32301

Addison, TX 75001

06/21/2013

L13000089941

3. Date of filing/registration in Florida 4. Document number

5. (a) NRAI Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill E. Cilmi
Signature of a member or authorized representative of a member

Jill Cilmi, Authorized Person

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sylvia Queppet
Signature of Registered Agent Corporation Service Company BY: Sylvia Queppet, Asst. Vice President

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