13000094975

(Requestor's Name)					
(Address)					
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(0) (0) (0)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
•					
(Business Entity Name)					
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(Document Number)					
(6-0-0-1-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-					
Codificat Continue Codification of Challenge					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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/ NOV -9 FM 3: 2



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: LEGACY-GLEN	HOLDINGS, LLC			
	Ne	ame of Limited Lia	bility Company		
Dear S	Sir or Madam:				
The en	aclosed Registered Agent/Registered O	ffice Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the fo	ollowing:		
Mr. S	shyamie Dixit, Esq.				
	Name of Person		-		
Dixit	Law Firm				
	Firm/Company		_		
3030	N Rocky Pt Dr W #260				
	Address		_		
Tamp	oa, FL 33607				
	City/State and Zip Code		_		
sdixit	@dixitlaw.com				
. E	-mail address: (to be used for future ar	nual report notific	ation)		
For fur	ther information concerning this matte	r, please call:			
Shyai	mie Dixit	813	252-3999		
	Name of Person	,	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAI	ILING ADDRESS:		
	Registration Section	_	Registration Section		
			sion of Corporations		
	Clifton Building 2661 Executive Center Circle		Box 6327		
	Tallahassee, Florida 32301	I alla	shassee, Florida 32314		
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy		

INHS18 (2/14)

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. 1	Name of the limited liability company:LEC	SACY-GLE	EN HOLDINGS, LLC		
2. (a	5005 SAN MARINO CIRCLE	(b) [{]	5005 SAN MARINO CIRCLE		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LAKE MARY, FL 32746		LAKE MARY, FL 32746		
,	07/02/2013	- , –	L13000094975		
3.	Date of filing/registration in Florida	4.	Document number		
5. (
	Registered Agent and Registered Office shown on the records of LINCOLN PLAZE 300 SOUTH ORANGE AV				
	Registered Office Address (MUST BE FLORIDA STREET)	NOV -9			
	SUITE 1400 PO.BOX 1873				
•	ORLANDO	32801	PN 3: 2		
	Enter name of NEW Registered Agent and/or NEW Registered 3030 N ROCKY PT DR W SUITE 260	Office addre	[653 :		
	NEW Registered Office Address:				
	TAMPA	33607			
ihe c ageni was/i	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ibility comp f the limite limited liab	ered office and the business office of the registere inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.		
	ature of a member or authorized representative of a member	HELC	HELOISE BADENHORST Printed or typed name of signee		
l her provi the o to me notifi	why accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I led it writing of this change.	ee to act in performand I for in Cha pereby conf	in this capacity. I further garee to comply with th		