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19 APP 17 KH 10: 53



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 728861 7578406	
	AUTHORIZATION	Spreiselenan	
	COST LIMIT	: (\$ 25.00	_
			_
ORDER DATE :	April 16, 2019		
ORDER TIME :	9:48 AM		
ORDER NO. :	728861-010		
CUSTOMER NO:	7578406		

CHANGE OF AGENT

NAME: GLAZER MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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: ______GLAZER MANAGEMENT, LLC

2. (a)		()	
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) 7310 DOVER COURT	(Mailing ad (Note: 1	dress of limited liability company: MAY BE POST OFFICE BOX
	PARKLAND, FL 33067		7310 DOVER (
	FARREAND, FL 33067		PARKLAND, FI	L 33067
	08/07/2013		L13000111542	
3.	Date of filing/registration in Florida	4.	Docume	ent number
5. (a)				
	Registered Agent and Registered Office shown on the records of	of the Florid	Dept. of State:	
	Peristand Office Add		· <u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET 925 S. FEDERAL HIGHWAY, STE. 500	<u>TADDRESS</u>	;	
	BOCA RATON , F	L_33432		19
(b)	CORPORATION SERVICE COMPANY			R T
.,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	<u>ress</u> :	
	NEW Registered Office Address:	·		() () () () () () () () () () () () () (
	1201 HAYS STREET			22 107
	TALLAHASSEE, FI	L_32301		
agent w was/wer	mited liability company is not organized under the la age or changes are made, the Florida street address o ill be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members les of organization or the operating agreement of the	iability con of the limited li	npany, it is hereby c	ousiness office of the registered
Signatu	re of a member or authorized representative of a member			typed name of signee
ine oblig to merel notified	v accept the appointment as registered agent and ag ns of all statutes relative to the proper and complete gations of my position as registered agent as provide y reflect a change in the registered office address, I ip writing of this change.	ree to act performa d for in C hereby con _ydia CC _ydia CC Asst. Vice P	n this capacity. I fu ace of my duties, and apter 605, F.S. Or, firm that the limited hen	

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

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