L13000116917

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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MAY 16 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 11, 2016

Order#: 130661/059

Re: GLL IX, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N	ame of the limited liability company: GLL IX, LLC		
2 (a)	800 VANDERBILT BEACH RD	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NAPLES FL 34108		
	08/19/2013	<u>_</u>	13000116917
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SALVATORI LEO J		
(,	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:
	9132 STRADA PL		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	NAPLES , FL	34103	16 MAY
(b)	Corporation Service Company		A
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	1201 Hays Street		PH N
	NEW Registered Office Address:		2: 5 7
	Tallahassee , FI	32301	
the ch agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registered tability composed the limited liability limited liability.	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sign	ature of a member or authorized representative of a member	JIII ÇIIM	i, Authorized Person Printed or typed name of signee
I here provis the ob to men notifie	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elyzeflect a change in the registered office address, I writing of this shange.		this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signar	ure of Registered Agent Corporation Service Company Division of Corporations • P.O. 1		e E. Kirby, Assistance Vice President

FILING FEE: \$25.00