L(3000	25105
(Requestor's Name) (Address) (Address)	500285200005
(City/State/Zip/Phone #)	,≓ rært ær 05/13/1601027020 <b>**</b> 25.00
Certified Copies Certificates of Status	16 MAY 13 PH 12:33 TALL MILLS STOLE STATE UNITS STOLE STATE
Office Use Only	MAY 16 2016 J SHIVERS

i

----



CORPORATION SERVICE COMPANY'

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#: 130661/065

Re: GLL X, LLC

Enclosed please find:

 $\frac{XX}{XX}$  Change of Registered Agent and Office.  $\frac{XX}{XX}$  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

-- -

· · · ·

٩.

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. Na	me of the limited liability co	mpany: <u>GLL X, LLC</u>		····· · · · · · · · · · · · · · · · ·
2. (a)	800 VANDERBILT BEACH F Principal office address of (Note: MUST BE S	limited liability company:	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NAPLES	FL 34108		· · ·
	09/05/2013		L13	3000125109
3.	Date of filing/regist	ration in Florida	4.	Document number
5. (a)	SALVATORI LEO J			
	Registered Agent and Registered O	ffice shown on the records of	of the Florida Dept.	of State:
	9132 STRADA PL			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	FOURTH FLOOR			<b>~</b>
	NAPLES	, Ĥ	L34108	<b>6</b>
(b)	Corporation Service Compa Enter name of <u>NEW Registered A</u> 1201 Hays Street <u>NEW Registered Office Address:</u>		ed Office address:	13 PHI2: 33
	Tallahassee	, F	TL32301	
the cha agent w was/we	nge or changes are made, the vill be identical. Or, in the ca	Florida street address of a Florida limited ve vote of the members	of the registered liability compares of the limited light limited liability	e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Authorized Person
Signat	ure of a member or authorized repre	esentative of a member		Printed or typed name of signee
provisi the obli to mere notified	by accept the appointment as ons of all statutes relative to igations of my position as reg by reflect a change in the reg hin writing of this change. re of Registered Agent Corporation	the proper and complete sistered agent as provide istered office address,	le performance led for in Chapi I hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been E. Kirby, Assistant Vice President
	-	of Corporations• P.O.		• •

**FILING FEE: \$25.00**