L15000177448

(Requestor's Name)							
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	#)					
PICK-UP	WAIT	MAIL					
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(Business Entity Name)							
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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#: 130661/068

Re: GLL XIX, 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.	Na	me of the limited liability company:	GLL XIX, LLC			
2.	(a)	800 VANDERBILT BEACH RD Principal office address of limited 1 (Note: MUST BE STREET)		_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•		NAPLES	FL 34108	- -		
		08/04/2015		_	L1500013	
3.		Date of filing/registration i	n Florida	4.		Document number
5. (a)		SALVATORI LEO J	J			
		Registered Agent and Registered Office sho	own on the records of th	e Florida	Dept. of State	::
		9132 STRADA PL				
		Registered Office Address (MUST BE)	<u>FLORIDA STREET AI</u>	DDRESS)		
		NAPLES	, FL	34108		SI DRE
	(b)	Corporation Service Company				第三章 三 章 第二章
		Enter name of <u>NEW Registered Agent</u> and	/or <u>NEW Registered C</u>	Office add	ress:	
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee	El .	32301		
the age	cha ent w is/we	mited liability company is not organ nge or changes are made, the Florida vill be identical. Or, in the case of a	nized under the laws a street address of the Florida limited liab of the members of agreement of the li	s of the s he regist pility con the limi imited li	ered office npany, it is ted liability ability com	orida, it is hereby confirmed that after and the business office of the registered thereby confirmed that the change(s) or company or as otherwise provided in ipany.
_	Signat	ure of a member or authorized representative		JIII C	iirii, Adinoi	Printed or typed name of signee
I l pre the to no.	herel ovisi obli mere tified	by accept the appointment as registe	red agent and agree per and complete p agent as provided office address, I he	erforma for in C creby co	nce of my a hapter 605, nfirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President
		Division of Com	orations PAR	v 6327	Tollohos	soo El 32314

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