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Division of Corporations Electronic Filing Cover Sheet

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		Division of Co	rporations	ř
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		Account Name	: C T CORPORATION SYSTEM	
		Account Number	: FCA000000023	
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LLC REGISTERED AGENT CHANGE GLADE CAPITAL PARTNERS, LLC

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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.

Nai	me of the limited liability company: GLADE CAI	PITAL PARTNERS, I	LLC			
	No Change	(b) No Change				
νω, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)			
	1124 Waverly Drive	·	1124 Waverly Drive			
	Daytona Beach, FL 32118-3621		— Daytona Beach, FL 32118-3621			
	01/21/2016	L16000	L16000014727			
	Date of filing/registration in Florida	4.	Document number			
i. (a)	RANDOM R BURNETT					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.					
	H24 WAVERLY DRIVE					
	Registered Office Address					
, L.S.	DA YTONA BEACH	. FL 32118-3621				
	, FL					
	C T Corporation System					
(b)	Enter name of NEW Registered Agent and/or NEW Regis					
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation	, FL_33324				
he cha igent v vas/wi he arti	imited liability company is not organized under the inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement or	ne laws of the State of the registered ed liability companyoners of the limited lift the limited lift the limited liability.	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.			
	ture of a member or authorized representative of a member	JOE DAVI	S. MANAGER			
			Printed or typed name of signee			
provis he obi to mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre	d agree to act in thi pleie performance o ovided for in Chapte ss, I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed o that the limited liability company has been			
wifie	d'in writing of this change. C I Corporation System Whick D	14/4				