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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	ct: Glorix Holdings, C	of Limited Liability Company	
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	Ua Salu annasing Name of Person		
	CHUZE HOLDINGS Firm/Company		
	122 FILLYWAY LAKES DY A	óle 2	
F	DY+ MYLYS FL 32913 City/State and Zip Code		
E-1	mail address: (to be used for future annu	al report notification)	
For further information concerning this matter, please call:			
Lis	Name of Person	at (<u>J39.</u>) <u>849-3018</u> Area Code & Daytime Telephone Number	
 	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following a \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy	
'	or of the factor	a \$55 i ming i ce ac centined copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. . . .

1301010 (2/17)

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: Ginix Huding, LCC	
taran da antara da a	limited liability company: POST OFFICE BOX)
Forg. Myers Fl. 33913	
3/30/2017 4700007235	51
3. Date of filing/registration in Florida 4. Document num	iber
5. (a) United States Corporation Agents inc	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
5575 S Semovan Blud Sle 310	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Mando FL 32822	
	2019 SEP
(b) Lisa Souvannasing	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	$\frac{1}{\omega}$
11000 Frigural Laves Dr Sto 1	-
NEW Registered Office Abdress:	
Fortmyers Pl 33913	99 97 97
10/11/905 10 25-119	⇒''' O
. FL	
	_
If the limited liability company is not organized under the laws of the State of Florida, it is hereby the change or changes are made, the Florida street address of the registered office and the busines agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirm was/were authorized by an affirmative vote of the members of the limited liability company or as the articles of organization or the operating agreement of the limited liability company.	ess office of the registered med that the change(s)
Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member	name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I am the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this to merely reflect a change in the registered office address, I hereby confirm that the limited liable notified in writing of this change. Signature of Registered Agent	agree to comply with the familiar with and accept s document is being filed ility company has been