## 1190000 67095

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAÎL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700329063267

05/10/16--01016--013 \*\*25.01



D SCOTT MAY 22 2019

## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJE	glasBridge Referral Group I	_LC				
		ne of Limited	d Lia	bility Company		
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	ñce Change a	and fe	ee(s) are submitted fo	r filing.	
Please	return all correspondence concerning th	is matter to	the fo	ollowing:		
Sharo	n L Sawchuk					
	Name of Person			_	<del>-</del> .	
glasBı	ridge Referral Group LLC					STERENTIA V
	Firm/Company			_		.~ =
255 S	outh Orange Ave Suite 107B					
	Address		-	_	i	<u>م.</u> س
Orland	do Florida 32801				•	ũ
	City/State and Zip Code			_		
florida	futures1@gmail.com					
E-	-mail address: (to be used for future ann	ual report no	otific	ation)		
For furt	her information concerning this matter.	please call:				
Travis	Sawchuk	352 at (		267-1702		
	Name of Person			Area Code & Daytim	e Telephone N	lumber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	1	
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee		\$55	Filing Fee & Certifie	d Copy	

INHS18 (2/14)

## 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

	me of the limited liability company: glasBridg glasBridge Referral Group LLC	(1		90 1 1010110	I Gro	up LL	C ———
(a) <u>3</u>	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		<i>y</i>	failing address (Note: MAY	of limi	ted liabil	ity company
	255 South Orange Ave Suite 107B		255 South Orange Ave Suite 107B				
	Orlando 32801		Orlando	32801			
	03/08/2019		L1900006	7095			
	Date of filing/registration in Florida			Document i	numbe	:r	
<i>(</i> )	Travis Sawchuk				<del>.</del> -		
(a) (b)	Registered Agent and Registered Office shown on the recognishing Referral Group LLC	ords of the Florid	da Dept. of State	<del>:</del> :	:	200 111	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 255 South Orange Ave Suite 107B				;	7 10	
	Orlando	, FL_3280	1	-	r	>> b:	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	Sharon L Sawchuk			_		W	
	Enter name of NEW Registered Agent and/or NEW Reg	istered Office a	<u>ddress</u> :				
	glasBridge Referral Group LLC			_			
	NEW Registered Office Address:						
	255 South Orange Ave, Suite 107B			_			
	Jando		٠				

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

nined hability company.
Travis Sawchuk
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Reguested Agent Chulc