## 1190000 68558

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
		;

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2020 JUL -8 M 7: 12 SECRITIVES CAFE FAIT

O BRUCE AUG 20 2020

## **COVER LETTER**

Division of Corporations	
SUBJECT: COVIOUS Y Name of Limited Lie	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Gloria Martha Marshall Name of Person	
Firm/Company	<del></del>
16271 Saint Augustine rd St Address	z 24-1230
Jacksonville, FL 32217 City/State and Zip Code	2020 JUL -8 SECKLIANA TALLANA
E-mail address: (to be used for future annual report notific	
For further information concerning this matter, please call:	SSEE FL
Gloria Martha Marshall at 1904 Name of Person	) 413-5951 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

## 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: Glorious Nailed LLC
2.		(b)
	<b>(</b> -)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		3901 NW 79th Ave Ste 245 3901 NW 79th Ave Ste 245
		# 284 Miami, FL 33166 + 284 Miami, FL 33166
3.		March 11, 2019  Date of filing/registration in Florida  L 190000 68558  Document number
5.	(a)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		5237 Summerlin Commons Ste 400
		5237 Summerlin Commons Ste 400 管理 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(b)	Gloria Martha Marshall
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
ž	jķi	1027   Saint Augustine rd Ste 24-1230 (Filoviously Naine NEW Registered Office Address:
		NEW Registered Office Address: J U271 Saint Augustine rd Sté 24-1230
		Jacksonville , FL 32217
cha age was the S I h pro	nge nt we s/we arti- lgnat eret	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A