## 119000076453

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
GLJ One, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning t	this matter to the following:						
Cody Shilling, Esq. on behalf of GLJ One, LLC							
Name of Person							
Black Law, P.A.							
Firm/Company							
1401 E. Broward Blvd. Ste. 204							
Address	<del></del>						
Fort Lauderdale, FL 33301							
City/State and Zip Code	<del></del>						
dosullivan18@yahoo.com							
E-mail address: (to be used for future ar	nnual report notification)						
For further information concerning this matte	r, please call:						
Cody Shilling	954 320-6021 at ( )						
Name of Person	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						
Enclosed is a check for the followin	g amount:						
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

## 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.

I. N	Tame of the limited liability company:  GLJ One LLC					
2. (a)	, ,	(	b)			
<u> </u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	44 Coconut Row Apt 506-A		44 Coconu	it Row Apt 506-A		
	Palm Beach, FL 33480		Palm Beac	h, FL 33480		
	03/19/2019		L190000764	483		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
5. (a)						
	Wolff Law			_		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>S)</u>			
	1401 East Broward Boulevard, Suite 204					
	Fort Lauderdale	EI 33301		-		
	<del></del> ,	rL		-		
(b)				_		
	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	idress:			
	InCorp Services, Inc.					
	NEW Registered Office Address:			-		
	17888 67th Court North			) 52		
	Loxahatchee	FL 33470		製工		
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members icles of organization or the operating agreement of the case of	he register liability co s of the lin he limited	ed office and impany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		i) Simming	Printed or typed name of signee		
I here provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, a in writing of this change.  Joanna Fernandez on be	te perform ded for in ( I hereby co	ance of my a Chapter 605, onfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		

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