119000/47530

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

Office Use Only



800331968278

07/26/19--01018--014 **23.00

2019 JUL 26 PH 2: 59



AUS 0 1 2019

I ALBRITTON

COVER LETTER

T O:	Registration Section Division of Corporations
SUBJE	
	Name of Limited Liability Company
Dear S	ir or Madam:
The en	closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Zu	an Anez Barahona
'	Name of Person
7	ne Glack Spot LLC
	Firm/Company
10'	17 NE 14 = 5t rect
	Address
<u></u>	ala, FL 34470
	City/State and Zip Code
+hea	alock spot @ 9 mail. Com imail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:

Name of Person

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 amount:

\$2.\$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

Florida.	~ ~\ \ \ ·	= 1116	·
1. Name of the limited liability company:	The Glock	JOST FF	
2. (a) 1017 NE 14th 5+	(d) to27	1017 NE'	14 Street
Principal office address of limited lia	bility company:	Mailing address	of limited liability company:
(Note: MUST BE STREET A	DDRESS)	(Note: MAY)	BE POST OFFICE BOX)
Ocala IFL.		Ocala	+L.
34470	<u> </u>	<u>-</u>	34470
6-3-2019	\	-1900014	1 530
3. Date of filing/registration in	Florida 4.	Document n	umber
5. (a) Ivan R Ance I	arahona		
Registered Agent and Registered Office sho		Dept. of State:	
2352 NE 1/5- A	ve.		
	LORIDA STREET ADDRESS)		
Ocala FL.			
	2111	70	
	, FL_ <u>590</u>	170	
(b)			
Enter name of NEW Registered Agent and	or NEW Registered Office add	<u>ress</u> :	2019 JUL
, n = 111 =	toote		Ē.
101111	70016		C)
NEW Registered Office Address:			골 -
Ocala			7 -
			رن ن
	, FL 34C	OF	9
If the limited liability company is not organ the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating	street address of the regist Florida limited liability cor of the members of the limit	ered office and the busi npany, it is hereby conf ted liability company or	iness office of the registered firmed that the change(s)
4	\mathcal{I}'	van Anez B	arahona
Signature of a member or authorized representative	of a member	Printed or type	ed name of signee
I hereby accept the appointment as register provisions of all statutes relative to the pro- the obligations of my position as registered to merely reflect dichange in the registered notified in writing of this change.	ed agent and agree to act to per and complete performa agent as provided for in Co office address, I hereby co	in this capacity. I furth nce of my duties, and I hapter 605, F.S. Or, if nfirm that the limited li	er agree to comply with the am familiar with and accept this document is being filed ahility company has been

Signature of Registered Agent