

K19 000189629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

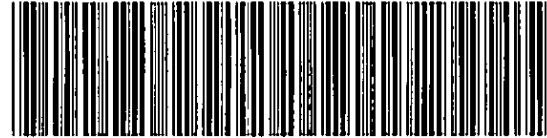
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SECRETARY OF STATE
TALLAHASSEE, FL 32399



BLACK LAW P.A.
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Cody Shilling, Esq.
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954-320-6021

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

December 7, 2021

RE: GLJ Two, LLC – Change of Registered Agent

To Whom it May Concern:

Our office represents GLJ One, LLC (L19000189629). Enclosed please find: (1) our client's request to change its registered agent and (2) a check for \$25.00 payable to Florida Department of State. Should you have any questions, please feel free to reach out.

Thank you,

Cody J. Shilling, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLJ Two, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cody Shilling, Esq. on behalf of GLJ Two, LLC

Name of Person

Black Law, P.A.

Firm/Company

1401 E. Broward Blvd. Ste. 204

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

dan@unitedstatesoffreight.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, 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 following 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.

1. Name of the limited liability company: GLJ Two, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3100 South Federal

Highway, Suite F

Delray Beach, FL 33480

07/24/2019

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3100 South Federal Highway, Suite F

Delray Beach, FL 33483

L19000189629

3. 07/24/2019 Date of filing/registration in Florida 4. L19000189629 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Wolff Law

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1401 East Broward Boulevard, Suite 204

Fort Lauderdale, FL 33301

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

InCorp Services, Inc.

NEW Registered Office Address:

17888 67th Court North

Loxahatchee, FL 33470

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

[Signature] obo GLJ Two, LLC
Signature of a member or authorized representative of a member

Cody Shilling

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]
Signature of Registered Agent

Courtney Wehrman on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00