h20000 207805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Letter Number: 121A00025826

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2021

EDMOIND BOULOS 600 THREE ISLAND BLVD HALLANDALE BEACH, FL 33001 US

SUBJECT: SOUTHERN GLAZER LLC

Ref. Number: L20000207805

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE ARE UNSURE AS TO WHO YOU ARE TRYING TO CHANGE ON SECTION B. PLEASE CORRECT THAT SECTION WITH ONLY ONE REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTHERN GLAZER LC. 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:
Edmond Boulos / MakenSon Souffrant Name of Person
Sout HFRM Glater Firm/Company
600 three Island Blvd Address
Hallandale Beach Fl 33001 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BOULDS Edmond at (954) 348-4360 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:

S \$55 Filing Fee & Certified Copy \$55 Filing Fee & Certified Copy \$150 € \$150

INHS18 (2/14)

□ \$25 Filing Fee

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: SOUTHERN GLAZER L'LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	06 - 23 - 2021 1 20000207805 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3300 NF 192 M St Allantura FL 33181) Registered Office Address (MUST BH FLORIDA STREET ADDRESS)
(b) _	Famond Boulos / Meir ex Enter name of NEW Registered Agent and/or NEW Registered Office address: 600 + hree Islands Blvd
	Hallandale Beatl, FL 33001
cnange agent w was/wer the artic	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 ill 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 eles of organization or the operating agreement of the limited liability company. Find of a member or authorized representative of a member Printed or typed name of signee
I hereb provisio the obli to merel notified	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ins of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00