12/000964560

(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:								
J DENNIG								
AUG 1 : 2623								

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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	GLS REMODELING, LLC		
0024		ame of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered C	Office Change an	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to th	e following:
Elizab	eth Oelschlager		
	Name of Person	*	
GLS R	REMODELING, LLC		
	Firm/Company		
701 N	E Town Terrace		
	Address		
Jensen	Beach, FL 34957		
	City/State and Zip Code		
info@	glsremodeling.com		
I	E-mail address: (to be used for future a	nnual report not	ification)
For fu	rther information concerning this matte	er, please call:	
Elizab	eth Oelschlager	772 at (610-4545
	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	ng amount:	
	■ \$25 Filing Fee	٥	\$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. Na	ame of the limited liability company: GLS REMODELIN	NG, LL	C			
2. (a)		(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)		
	701 NE Town Terrace		701 NE To	own Terrace		
	Jensen Beach, FL 34957	_	Jensen Be	ach, FL 34957		
	October 25, 2021		L21000464	560		
3.	Date of filing/registration in Florida	4.		Document numbe	r	
5. (a)	Gil Oelschlager					
5. (a)	Registered Agent and Registered Office shown on the records of the	he Floric	a Dept. of Stat	te:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	_		
	1919 SW Sylvester Lane			_		
	Port St. Lucie , FL	34984		_		
	same as above				202	<i>!</i>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a		_	نڌ	- 20
	Einer frame of the w registered Agent and/or in the w registered	Office at	uuress.		2023 JUN 27	FIAR
				_		79.55 10.75
	NEW Registered Office Address:				=	
	701 NE Town Terrace			_	AM 11: 33	/TÄE
	Jensen Beach	34957			-	1 ;
	, FL_			_		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of acles of organization or the operating agreement of the law.	register bility c f the lir imited	ed office an ompany, it i nited liabilit	nd the business offices hereby confirmed by company or as of an annual pany.	ce of tl I that t	he registered he change(s)
Signa	ture of a member or authorized representative of a member			Printed or typed nam	e of sign	nee
provisi the obl to mere	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to ac perform for in ereby c	t in this cap vance of my Chapter 602 confirm that	acity. I further agg duties, and I am fa 5. F.S. Or, if this d the limited liability	ree to c miliar ocume comp	comply with the with and accept nt is being filed any has been

Signature of Registered Agent