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## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC REGISTERED AGENT CHANGE GL PROPERTY SOLUTIONS, LLC

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MAY 1 7 2024

## 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. N	ame of the limited liability company: GL PROPERTY	SOLUTION	IS, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: M.4Y BE POST OFFICE BON)
	02/08/2022		2000067165
3. 5. (a)	Date of filing/registration in Florida  INC AUTHORITY RA	4.	Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  390 NORTH ORANGE AVE., STE 2300-N  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		pt. of State:
	ORLANDO FI	32801	2024
(b)	REGISTERED AGENTS INC  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4TH ST N <u>NEW Registered Office Address:</u>	d Office addre	2024 11.17 16 PH 5: 57
	STE 300 ST. PETERSBURG , FI	33702	
changent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registered of ability comp of the limited	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
Sign	nure of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	norformanc	a of my duties, and I am familiar with and accent.
	The David Roberts  are of Registered Agent		