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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

: (855)330-1010

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

ய் Email Address:_____

LLC REGISTERED AGENT CHANGE GLAMF, LLC

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K. Brumbley

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	GLAMF, LLC		
		lame of Limited I.	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
ЈЕ	ROME SULLIVAN		
	Name of Person		
	Firm/Company		
784	S CLEARWATER LOOP		
	Address		
POS	T FALLS, ID 83854		
	City/State and Zip Code	•	
filing	gs@registeredagentsinc.com		
Į.	-mail address: (to be used for future a	nnual report notif	ication)
For fu	ther information concerning this matt	er, please call:	
Jeron	ne Sullivan	509 at (768-2249)
	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 followi	ng amount:	
	□ \$25 Filing Fee	ü \$	55 Filing Fee & Certified Copy

TO:

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.

ι)	3024 ELLA WAY	(b)_	3024 ELLA WAY	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limi (Note: MAY BE Pt.	
	SAINT CLOUD, FL 34771	_	SAINT CLOUD, FL 34	771
	03/21/2022		L22000136780	
ι)	Date of filing/registration in Florida INC AUTHORITY RA	4.	Document munber	r
	Registered Agent and Registered Office shown on the records o 390 NORTH ORANGE AVE.	f the Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET STE 2300-N	ADDRESS)		
	ORLANDO	L_32801		20231
(b) _	REGISTERED AGENTS INC			HAR -
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	<u>w</u> :	. 2
	7901 4TH ST N			PA
	NEW Registered Office Address:			∵ · 55
	STE 300		Control Contro	J ,
	ST, PETERSBURG	L <u>337</u> 02		

Guilherme Cardoso Dias Neto / MGR Signature of a member or authorized representative of a member 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 affice address. I hereby confirm that the limited itability company has been notified in writing of this change.

David Roberts/Assistant Secretary Signature of Registered Agent