## 123000190240

(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.				
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## COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	GL Spaces LLC			
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this t	matter to the following:		
Yesenia	Lechuga			
	Name of Person			
GL Spa	ces LLC			
	Firm/Company	<del></del>		
191211	ady Bug Lu			
	Address	<del></del>		
Grovela	nd. FL 34736			
	City/State and Zip Code	<del></del>		
yesenia.	lechuga@gmail.com			
E-	mail address: (to be used for future annual	I report notification)		
For furt	her information concerning this matter, plo	case call:		
Yesenia	Lechuga	408 750-6175 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 an	nount:		
	<b>≅</b> \$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. Na	ame of the limited liability company: GL Spaces LL	<u> </u>	
2. (a)	19121 Lady Bug Ln, Groveland, FL 34736	(b) 19121 La	dy Bug Ln, Groveland, FL 34736
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
`	4/17/2023	1.23000190	
3. 5. (a)	Date of filing/registration in Florida NORTHWEST REGISTERED AGENT LLC	4.	Document number
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of Sta	te:
	Registered Office Address / IMUST BE FLORIDA STREE 7901 4TH ST N STE 300	ET ADDRESS)	_
	ST. PETERSBURG	FL_33702	2021.
(b)	(b) Yesenia Lechuga		יייין ע
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	- - - - - -
	NEW Registered Office Address:		- 20 20
	1912) Lady Bug Ln	<del>-</del>	_
	Groveland	FL_34736	_
:nange igent w vas/we	mited hability company is not organized under the or changes are made, the Florida street address of a fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the	he registered office an liability company, it i s of the limited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Yesenia Lechuga	·
	are of a member of authorized representative of a member	<del></del>	Printed or typed name of signee
he obli o mere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address, in writing of this change.	gree to act in this cap te performance of my ded for in Chapter 603 I hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep i. F.S. Or, if this document is being filed the limited liability company has been