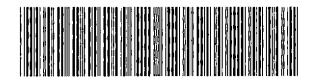


(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J DENNIS						
AUG - 1 2023						

Office Use Only



COVER LETTER

Division of Corporations	
SUBJECT:	ilider LLG
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and tee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Jonathan Gella Name of Person	<u> </u>
Glider LL	
Firm/Company	·
121 Northeast 34th	Street
Address	
Miami, Florida 3 City/State and Zip Code	3137
E-mail address: (to be used for fluture annual	report notification)
,	•
For further information concerning this matter, plea	ase call:
Jonathan Geller	ar (917, 902-3643
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:
\$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.

l. Nai	ne of the limited liability company:	Gliber	LLC	
2. (a) _	121 Northerst 34th	5t. (b)_	121	Northeist 34
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany:	-	of limited liability company: BE POST OFFICE BOX)
	M.ami, Fl. 33137	^	Rot. 2609	م د اصنا
		<u> </u>	1701. 200	7-(1871)
	May 16 2023		L2300	XO240002
3.	Date of filing/registration in Florida	4. 6. k	Document n	umber
5. (a)	United States Corr		Jests	
	Registered Agent and Registered Office shown on the re	•	E. of State:	
	Registered Office Address (MUST BE FLORIDA S			
	<u> </u>			
	Jacksmuille	, fl322	02	. SECF
(b) _	Jonathan Gell	<u>್</u>		FIL Secretary
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>			POF ORPO
	121 Northeast	34th 5t.	<u> </u>	9: 5
	NEW Registered Office Address:			7 5m
	Apt. 2609			
	Miami	_, fl. 331	37	
change agent w was/wei	nited liability company is not organized under or changes are made, the Florida street address ill be identical. Or, in the case of a Blorida ling authorized by an affirmative vote of the medles of organization or the operating agreement.	ss of the registered of mited liability compa embers of the limited	fice and the business ny, it is hereby conf liability company or ity company	s office of the registered irmed that the change(s)
Signati	ire of a prember or authorized representative of a memb	ег	Printed or type	ed name of signee
provision the oblination of th	y accept the appointment as registered agent ins of all statutes relative to the proper and congations of my position as registered agent as ly reflect a change in the registered office add in writing of this change.	and agree to act in the omplete performance provided for in Chap dress, I hereby confir	his capacity. I furthe	er agree to comply with the
Signature	of Registered Agent			