

P 170000012503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

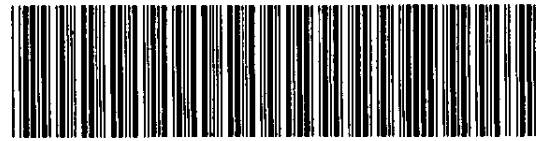
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with Ana Llobera on  
4/14/17 - she approved to  
change \$5 on R. Agent Form to  
reflect our website information.

SD

Office Use Only



800296024818✓

03/16/17--01010--005 \*\*\$5.00

S TALLENT

APR 14 2017

R/A-CH

FILED  
TALLAHASSEE, FLORIDA

17 APR 14 PM 3:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2017

ANA MARGARITA LLOBERA  
GLGI, INC.  
6355 N.W. 36TH STREET, STE 310  
VIRGINIA GARDENS, FL 33166

SUBJECT: GLGI, INC.  
Ref. Number: P17000012503

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

PLEASE REMOVE GLGI, INC. FROM ITEM #6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 117A00005386

Rec 4/14/17

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GLGI, INC.  
Name of Corporation

DOCUMENT NUMBER: P17000012503

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA MARGARITA LLOBERA  
Name of Contact Person

GLGI, INC.  
Firm/Company

6355 N.W. 36<sup>TH</sup> Street, Ste 310  
Address

VIRGINIA GARDENS, FL 33166  
City/State and Zip Code

allobera@grupolakas.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA M. LLOBERA at (305) 904-1023  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GLGI, INC.  
2. The principal office address: 6355 N.W. 36TH STREET, SUITE 310  
VIRGINIA GARDENS, FL 33166  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 2/10/08 Document number: P17000012503

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANA MARGARITA LLOBERA  
6355 N.W. 36TH STREET, SUITE 310  
VIRGINIA GARDENS, FL 33166

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] OTTO DEMETRIO LAKAS R., #1P  
\_\_\_\_\_  
Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
\_\_\_\_\_  
Signature of Registered Agent

3/15/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

FILED  
17 APR 14 PM 3:33  
TALLAHASSEE, FLORIDA