## L02000005676

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SEURLTARY OF STATE.

J. SAULSBERRY EXAMINER

SEP 26 2012

## **COVER LETTER**

Division of Corporations			
SUBJECT: <u>GLOBAL MANCERS</u> CAPITAL	FUND MANAGEMENT LLC		
Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing	g.	
Please return all correspondence concerning this ma	tter to the following:		
MANU A. SANNOFAS  Name of Person			
GLOSM MARKETS CAPITME	FUND MANACEMENT, LAC		
2429 CASTILLA ISL	<u>-</u>	2012 S SECR TALLA	şâlis.go
FORT LANDMANE P	2 3 <i>330/</i>	2012 SEP 25 AM 9: 00 SECRETARY OF STATE TALLAHASSEE. FLORID	6
City/State and Zip Code		FL.	- <b>i</b> €
MARK. SALNOERS O- ACHE	cous, com	Y OF STATE	***
E-mail address: (to be used for future annual report notification	<u>)</u>	> 0	
For further information concerning this matter, pleas	se call:		
MANC A. SANDERS at (at (	9(4) 325 9624  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	int:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (5/08)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Gwan Man	
2. (a) Principal office address of limited liability company:	2429 CASTILLA ISLE
(Note: MUST BE STREET ADDRESS)	FORT LAWORADACE FL 3330,
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	<del></del>
03/11/2002	L02000005676
	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	CT CORPORATION SYSTEMS
Registered Office Address:	1200 SOUTH PINE ISLAMS ROAD PLANTATION FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MARK R. SAUNDERS  2429 COSTILLA ISLE  FOM LANDRIPANS FL 33301
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fla and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  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 age comply with the provisions of all statutes relative to the provisions. I hereby confirm that the infitted liability company.  Signature of Registered Agent	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314

**FILING FEE: \$25.00**