

P14000100051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

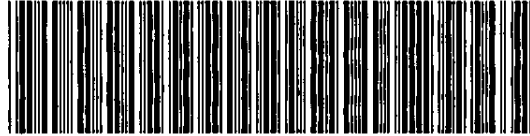
(Business Entity Name)

(Document Number)

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16 FEB - 2 PM 12: 58  
DIVISION OF CORPORATIONS

FEB - 4 2016  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GLOBAL SOLUTIONS IT INC  
Name of Corporation

P14000100051  
**DOCUMENT NUMBER:**

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:

Fernando de Oliveira Carvalho  
Name of Contact Person  
Global Solutions IT INC  
Firm/Company  
238 N Westmonte Dr - Suite 260  
Address  
Altamonte Springs, FL 32714  
City/State and Zip Code  
global@glsolutionsit.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Carvalho 321 276 - 5840  
Name of Contact Person at ( ) 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

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: GLOBAL SOLUTIONS IT INC

2. The principal office address: 238 N Westmonte Dr, Altamonte Springs, FL 32714 - Suite 260

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Dec 16, 2014 Document number: P14000100051

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)

resigned  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIVISION OF CORPORATIONS  
16 FEB - 2 PM 12: 58

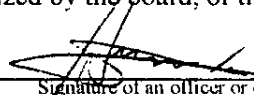
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

238 N Westmonte Dr - Suite 260 / Fernando de Oliveira  
Altamonte Springs, FL 32714 Carvalho

P.O. Box NOT acceptable

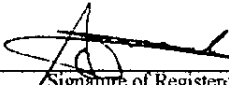
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

President  
\_\_\_\_\_  
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 of Registered Agent

01/28/2016  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Fernando de Oliveira Carvalho  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE