## 214000164

(Requ	estor's Name)			
(Addr	ess)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000308447160

02/01/18--01022--008 \*\*50.00

B FIGUEROA

FEB 0 2 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
eud II	GLOBALCORP LLC			
SUBJI	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	: Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the following:		
z.bola	anos@amicorp.com			
	Name of Person			
Ámic	orp Corporate Services LLC			
	Firm/Company			
1001	Brickell Bay Drive, Suite 2908			
	Address			
Mian	ni, FL 33131			
	City/State and Zip Code	<del></del>		
_	sasupport@amicorp.com			
	E-mail address: (to be used for future annu	al report notification)		
For fu	rther information concerning this matter, p	lease call:		
Zully	Bolanos	at () 3003921		
	Name of Person	at () Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section Registration Section			
	Division of Corporations	Corporations Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
	Enclosed is a check for the following	amount:		
	¥ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS	18 (2/14)			

## 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	me of the limited liability company: GLOBALCO	RP LLC	
	1001 Brickell Bay Drive	(b) 1001 Brickell Bay Drive	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Suite 2908	<del></del>	
	Miami, FL 33131	Miami, I	FL 33131
	10/21/2014	L140001	64188
3.	Date of filing/registration in Florida	4.	Document number
e (-)	Amicorp Fiduciary Services LLC		
5. (a)	Registered Agent and Registered Office shown on the records of	fthe Florida Dept. of Sta	— te:
	1001 Brickell Bay Drive		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
	Suite 2908		- <b>18</b>
	Miami	33131	TI 22
	,,,		- EB CHECK
(b)	Amicorp Corporate Services LLC		<u> -</u> 설치
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	<b>₽</b> 20
	1001 Brickell Bay Drive		PM 3: 40
	NEW Registered Office Address:		D 185
	Suite 2908		_
	Miami Fi	L_33131	_
the cha agent v	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited leter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iability company, it of the limited liability company, it of the limited liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in
Signat	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this ghange.  The of Registered Agent	gree to act in this cape e performance of my led for in Chapter 60 Thereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been