LIG 0000 70515

(Requestor's Name)				
(Address)				
(Address)				
(City/s	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900335292249

10/18/19--01005--010 **150.00

ME S d 81 130 mg.

NOV O S TITLE

COVÉR LETTER "

Registration Section
Division of Corporations

TO:

SUBJECT:	Global Capital Ventures, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	Tice Change	and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to	the following:				
Joseph H. Littky						
Name of Person						
Firm/Company						
run/Company						
4544 Mediterranean Circle						
Address						
Palm Beach Gardens, Florida 33418						
City/State and Zip Code	•					
josephlittky@gmail.com						
E-mail address: (to be used for future an	nual report r	notification)				
For further information concerning this matter	r, please call	:				
Joseph H. Littky	561	385-4131				
Name of Person	(Area Code & Daytime Telephone Numbe				
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	g amount:					
☑ \$25 Filing Fee	_	\$55 Filing Fee & Certified Copy				
INHS18 (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.

l. Na	me of the limited liability company:	Global Capital	Ventures, LLC		
2. (a)	410 Evernia Street, #807		(b) 410 Ever	rnia Street, #807	
	Principal office address of limited li (Note: MUST BE STREET)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	West Palm Beach, FL 33401		West Pale	m Beach, FL 33401	
3.	Date of filing/registration is Joseph H. Littky	n Florida	4.	Document number	
5. (a)	<u> </u>				
	Registered Agent and Registered Office sho	wn on the records of th	ie Florida Dept, of State:	8	
	Registered Office Address (MUST BE F 515 North Flagler Drive, #170	<i>FLORIDA STREET AI</i> 00	DDRESS)	FILED S: 35	
	West Palm Beach	, FL	33401	्रिक्ष इ.स.	
	Enter name of NEW Registered Agent and	for NF,W Registered ()ffice address:		
	NEW Registered Office Address:				
	4544 Mediterranean Circle				
	Palm Beach Gardens	FL_3	33418		
the chai agent w was/we	nge or changes are made, the Florida fill be identical. Or, in the case of a re authorized by an affirmative vote cles of organization or the operating	a street address of t Florida limited liab of the members of	he registered office bility company, it is the limited liability imited liability comp	•	
	ure of a member or authorized representative	e of a member	Michael I. Cut	Printed or typed name of signee	
I hereb provisi he obb o mere notifica	y accept the appointment as register ons of all statutes relative to the pro	red agent and agre per and complete p	e to act in this capa performance of my d	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	