Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-5383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC:

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE GEB COMPUTER TRAINING, LTD.

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JUN 1 9 2019

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Help

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GEB Con Name of Limited Partnership of	nputer Training, Los Limited Liability Limited	td.		
DOCUMENT NUMBER:	A9700000002	9		
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	ered Office and/or Re	gistered Agent and		
Please return all correspondence concerning	this matter to:	14 13	27.3 JUN 18	可严刑
Alejandra Villegas				i
Contact Person				7 : 3
Corporate Creations		·.	\geqslant	;
Firm/Company			$\dot{\omega}$	
11380 Prosperity Farms Road #	221E		꾇	
Address	 _	•		
Palm Beach Gardens, FL 334	10			
City, State and Zip Code				
govdocs@corpcreations.	com			
E-mail address: (to be used for future annual rep		_		
For further information concerning this matter	er, please call:			
Alejandra Villegas	at (561)	694-8107		
Name of Contact Person	Area Code and Daytir	ne Telephone Number		
Enclosed is a \$35.00 check made payable to	the Florida Departmen	nt of State.		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AI Registration So Division of Co P. O. Box 632 Tallahassee, F.	ection orporations 7		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	GEB Comput				
Na	ime of Limited Partnership or L.	imited Liability Lin	nited Partner:	ship	
2(01/03/1997	_ 3.	A9700	0000029	
Date of filing	z/registration in Florida		Florida docur	nent number	
4. The name of the n Department of State:	egistered agent and the registere	d office address as	shown on the	records of the Flo	orida
	NRAI SER	VICES, INC		.,	ر) دع
	Ň	ame			ند:
	1200 South Pine Island Road				: ال
	Ad	dress			
	Plantation, FL 33324				∞
	City, Sta	te and Zip	· · · ·	· .	⋗
5. The name and Flo	rida street address of the new re	gistered agent and/o	or office:		i,
	Corporate Creat	ions Network I	nc		Ĺ
		ame	110.		•
	11380 Prosperity I	Farms Boad #3	221F		
	Florida street address (
	Palm Beach Gard		33410		
	City, Sta	te and Zip			
 Such change(s)ris/ 	are effective when filed by the I	Florida Department	of State.		
signature of General	Alejandra Vi	llegas, Attorne			
comply with the provi	pointment as registered agent a sions of all statutes relative to the an accept the obligations of m Alejandra Villege ad Agent	he proper and comp y position as registe	olete perform ered agent.	I further agree to ance of my dutles,	,
Flling Fee: Certified Copy (o	\$35.00 iptional): \$52.50				