Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5368

**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 GLOBAL ENERCOM MANAGEMENT, INC.

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	Global Enercom Management, Inc. Name of Corporation			
	·			
DOCI	F000000000671 MENT 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:				
	·			
Name of Contact Person				
	•			
Firm/Company				
	Address			
	LAM. 633			
City/State and Zip Code				
Chrystate and Zip Cour				
E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:			
	Name of Contact Person at (
	Area Code & Daytime Telephone Number			
Enclose	ed is a \$35,00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Street Address: Amendment Section			
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
	Tallahassee, FL 32314 2661 Executive Center Circle			

CR2E045 (03/12)

FL006 - 10/25/2012 Wollers Klawer Griting

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050, statement of change is submitted for a corporation organ.	·		
in order to change its registered office or register	• • • • • • • • • • • • • • • • • • • •		
1. The name of the corporation: Global Encroom Managem	ent, Inc.		
2. The principal office address: 1220 OLD ALPHARETTA	ROAD SUITE 390 ALPHARETTA GA 30005		
3. The mailing address (if different): 2800 POST OAK BL	VD SUITE 2600 HOUSTON TX 77056		
4. Date of incorporation/qualification: 02/07/2000	Document number: F00000000571		
5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned)	gent and registered office on file with the		
CORPORATION SERVICE COMPANY			
1201 HAYS STREET			
TALLAHASSEE FL 32301-2525	76. 72		
6. The name and street address of the new registered agen (if changed):	at (if changed) and /or registered office		
C T Corporation System			
c/o C T Corporation System, 1200 South Pi	c/o CT Corporation System, 1200 South Pine Island Road		
P.O. Box NOT Plantation, Florida 33324	P.O. Box NOT acceptable		
The street address of its registered office and the street as changed will be identical. Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not			
FWX = Bolix	Kristin Bolden, Secretary		
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duties, and I am familiar with and acagent. Or, if this document is being filed merely to reflent hereby confirm that the corporation has been notified in	rinked or typed name and title if agree to act in this capacity. ites relative to the proper and complete coept the ubligation of my position as registered act a change in the registered office address, if writing of this change.		
By: Signature of Registered Agent	12/5/2012 Date		
If signing on behalf of an entity:	~410		
James M. Halpin			
Assistant Secretary Types or Frinted Name			

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314