Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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## REGISTERED AGENT CHANGE GLOVIS AMERICA, INC.

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## **COVER LETTER**

15129570210

TO: Amendment Section **Division of Corporations** GLOVIS AMERICA, INC. Name of Corporation F02000005820 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo

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

Name of Contact Person

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

888 705-7274
Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation o r to change its registered office or r	organized.	under the la	ws of the State o	f California		
1. The name of	the corporation: GLOVIS AMEI	RICA, II	NC.		_		
2. The principal	office address: 17305 VON KA CA 92614	ARMAN	AVE., S	TE 200			
	address (if different):						
4. Date of incor	poration/qualification: 11/21/200	)2	Document	<sub>питьет:</sub> <u>F020</u>	00005820		
	d street address of the current register rtment of State: (If resigned, enter re	-	and register	ed office on file	with the		
	NATIONAL REGISTI	ERED	AGEN7	ΓS, INC.			
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION		FL	33324			
6. The name and (if changed):	d street address of the new registered Registered Agent Solu	•		d /or registered (	office		
	155 Office Plaza Dr.		Suite A		- <del></del>		
	Tallahassee	FL	ассернавіс 3230	1			
The street address changed will	ess of its registered office and the s	treet addre	ess of the bi	isiness office of	its registered agent,		
Such change was	as authorized by resolution duly ad he board, or the corporation has be-	lopted by i en notified	its board of I in writing	directors or by a of the change.	in officer so		
Ist On Beo	m Hong	Oui	Beom H	ong	CFO		
I hereby accept I further agree of my duties, ar document is bei	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	l statutes i e obligatio in the reg	ree to act in relative to the on of my pos	this capacity. he proper and co sition as register	omplete performance red agent. Or, if this reby confirm that the		
Hod	enzight	1	1/01/202	1	NOV		
-	chalf of an entity:			Date	STE.		
Mackenzie Hart.	. Assistant Secretary				AM IO: 48		
ï	yped or Printed Name				<b>10</b> 10 10 10 10 10 10 10 10 10 10 10 10 10		

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