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SECRETARY OF STATE
TALLAHASSEE. FLORIO

T. CLINE

MAY - 7 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUB.		NES Global, LLC imited Liability Company		
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning t	his matter to the following:		
	Rhondee Damon Name of Person			
	Baker Hostetler LLP Firm/Company	 	2011 SE	
	1000 Louisiana, Suite 2000 Address	I P	2010 HAY -6	4
	Houston, TX 77002 City/State and Zip Code		AN IN: 16	Jun 10
I	rdamon@bakerlaw.com E-mail address: (to be used for future annual report no	stification)	,	
For f	urther information concerning this matte	r, please call:		
	Sameer Mohan Name of Person	at (713) 646-1309 Area Code & Daytime Telephone Number		
	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 (5/08)

STATEMENT DE CHANGE DE REGISTERED DEFICE OF REGISTERED ACENT OF

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of riorida.	
I. Name of the limited liability company:	NES Global, LLC
2. (a) Principal office address of limited liability company	: 1035 South Semoran Blvd. 1007
(Note: MUST BE STREET ADDRESS)	Winter Park, FL 32792
(b) Mailing address of limited liability company:	411 N. Sam Houston Pkwy. E
(Note: MAY BE POST OFFICE BOX)	Suite 590 Houston, TX 77049
06/15/2000	L0000007074
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Keith Heslin
Registered Office Address:	3501 Quadrangle Blvd., #1957
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3501 Quadrangle Blvd., #195
	Orlando ,FL32817
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability liability confirms the liability lia	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in rely reflect a change in the registered office notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agen