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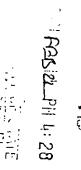
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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: GILOBAL GNE INVESTM Name of Lin	ENT GROUP LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Maria Reserva Name of Person	
Global one Investigation	t Grey
2137 NV 2nd Ave Address	
Minni Fl 33W7 City/State and Zip Code	
MRCzerc & Starbatesce p E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Maria Reserve at (786 366 238 C Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
\$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.

1.	Na	ame of the limited liability company:	GLOBAL ONE IN	IVEST	MENT G	ROUP LLC		
2.	(a)	2137 NW 2nd AVE MIAMI, FL 33127			(b)			
	(-)	Principal office address of limited lia (Note: MUST BE STREET A		_	(0)		limited liability company: POST OFFICE BOX)	
				- -		7		
		10/12/2001			L01000	017593		
3.5.	(a)	Date of filing/registration in ANGELO PRAT	Florida	4.		Document num	ber	
J. (c	(**)	Registered Agent and Registered Office show	m on the records of th	ne Flor	da Dept. of	State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2137 NW 2nd AVE				e ri		
		MIAMI	, FL_3	33127				
f)	b)	ALFREDO BORGES					f	ari.
		Enter name of NEW Registered Agent and/o	r NEW Registered C	Office :	iddress:		PH + 20	: بم
		2137 NW 2 AVE					29 FAE	
		NEW Registered Office Address:						
		MIAMI	, FL	3127				
cnai agei was the	ige it w /we: artic	mited liability company is not organize or changes are made, the Florida street ill be identical. Or, in the case of a Fire authorized by an affirmative vote of the operating a street of organization or the operating a	craddless of the relation of the members of the members of the line of the lin	egiste ility o the li:	red office company, mited liab	e and the business of it is hereby confirmability company or as company.	fice of the registered ed that the change(s)	n
		are of a member or authorized representative of		•			U	
I he prov the i to m	reb visio oblij erei Ned	y accept the appointment as registere ons of all statutes relative to the prope gations of my position as registered a ly leftet a change in the registered of in a function of this change.	d agent and agree r and complete pe gent as provided f Jice address, I hei	e to ac erforn for in reby c	et in this connect in this confirm the confirmation that the confirmation	capacity. I further a ny duties, and I am f 605, F.S. Or, if this nat the limited liabili	gree to comply with to amiliar with and according file document is being file ty company has been	he ept led i
Sign	aturo	c of Registered Agent						