## 603000039996

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	,
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAiL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

FF \$35



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2009

GLOBAL SYSTEMS L.L.C. 1500 15TH AVE. DR. EAST, UNIT #108 PALMETTO, FL 34221

SUBJECT: GLOBAL SYSTEMS L.L.C.

Ref. Number: L03000039996

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 609A00032140

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CLOBAL SYSTEM Name of Limit	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
MEJANDRO WEINSTEIN	J	
CLOBAL SYSTEMS LLC	TO BOCT	AND THE PERSON NAMED IN
Firm/Company	, way = via	では
1500 15th AVE. DEIVE EAST SULTE 108		Server Serve Server Serve Serve Serve Serve Serve Serve Serve Serve Serve Serve Serve Serve Serve Se
POLMATO, P.L. 34221 City/State and Zip Code		
dejandroveinstein @ global - Sycrems. I:-mail address: (to be used for future annual report notifica	erg tion)	
For further information concerning this matter, pl	lease call:	
ALEJAN DIO WET N'STEIN at (	941 ) 747 3246  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 am	nount:	
₩\$25 Filing Fee	\$55 Filing Fee & Certified Conv	

## 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.

1. Name of the limited liability company:	Systems LLC
2. (a) Principal office address of limited liability company	· · · · · · · · · · · · · · · · · · ·
(Note: MUST BE STREET ADDRESS)	SULTE 108 PALMETTO, FL. 34221
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	SAME.
10/17/03	H03000299091 至照 置
3. Date of filing/registration in Florida	4. Document number \( \sum_{\text{s}} \ \mathbb{B}
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	ALEJANDRO Z
Registered Office Address:	3815 STATE RD 64TH EAST BRADENTON, FL 34208 US
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1500 15th Ave DR. EAST SWITE 108
(MOST DE LIGHTALITATION RESS)	PALMETTO FL34221
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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	lorida street address of the registered office rical. 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 a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pa Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sitjon as registered agent as provided for in
Company Company	rety reflect a change in the registered office y has been notified in writing of this change.

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