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(Requestor's Name) (Address)	400292140594
(Address) (City/State/Zip/Phone #)	12/02/1601010022 ★★S5.09
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	16 DEC - 2 PH LE IJ MILLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Global Financial Private Capital, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shilo Nicholson

Name of Person

Global Financial Private Capital, LLC

Firm/Company

501 N. Cattlemen Rd. Ste. 106

Address

Sarasota, FL 34232

City/State and Zip Code

tkoncick@gf-pc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shilo	Nichc	lson
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702-8209

941

at

Name of Person

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 amount:

🖾 \$25 Filing Fee

S55 Filing Fee & Certified Copy

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.

me of the limited liability company: Global Finan		Capital, LLC
501 N. Cattlemen Rd. Ste. 106	(b)	501 N. Cattlemen Rd. Ste. 106
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Sarasota, FL 34232		Sarasota, FL 34232
06/07/2004		L04000042570
Date of filing/registration in Florida Moran, John A., Esquire	4.	Document number
	of the Florida E	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREE 22 S. Links Ave., Ste. 300	TADDRESS)	
Sarasota, 1	FL_34230	
Teresa Koncick		47.
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addr	tess:
NEW Registered Office Address:		
501 N. Cattlemen Rd. Ste. 106		FORM
Sarasota	FL_34232	
ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	of the regist المعر liability	ered office and the business office of the registe
1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sarasota, FL 34232 06/07/2004 Date of filing/registration in Florida Moran, John A., Esquire Registered Agent and Registered Office shown on the records 22 S. Links Ave., Ste. 300 Sarasota	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sarasota, FL 34232

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

usal

Signature of Registered Agent

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

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