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DIVISION OF CORPORATIONS
ON HAY 23 PM 3: 30

J. BRYAN

MAY 27 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GLOBAL SOLUTIONS NET (Name of Limito	TWORK, LLC ed 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 r	natter to the following:	
Joel J. Karp, Esq.	,	0
(Name of Person)		H SEL
Joel J. Karp, P.A.	-	型型型2
(Firm/Company)		CORP CORP
1001 Brickell Bay Dr., Suite 3112		DIVISION OF CORPORATIONS 08 MAY 23 PM 3: 30
(Address)		30
Miami, FL 33131		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Joel J. Karp, Esq. at (at (at ((Area Code & Daytime Telephone N	Jumber)
(Name of Ferson)	(Mea Code & Daytime Telephone IV	(dilloci)
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	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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. The name of the limi	ted liability company is: Glo	obal Solutions Network, LLC	
2. The mailing address	of the limited liability compa	my is: 6360 Sunset Drive	
South Miami, FL 3314		•	
12/10/2004		L04000089681	*
3. Date of filing/registra	ition in Florida	4. Document number	or '
Florida Department of		ene Suite O-303 ress e and Zip and/or office: ts, Inc. e Suite 3112	SECKETARY OF STATE SECKETARY OF STATE OIVISION OF CORPORATIONS 08 MAY 23 PM 3: 30
confirmed that after the cand the business office o liability company, it is he of the members of the lin or the operating agreeme	Miami FL City, State mpany is not organized under change or changes are made, for the registered agent will be except confirmed that the charmited liability company or as not of the limited liability confirmed the limited liability confirmed representative of a member)	and Zip r the laws of the State of Flor the Florida street address of identical. Or, in the case of nge(s) was/were authorized b s otherwise provided in the ar	the registered office a Florida limited by an affirmative vote

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 608, 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.

(Signature of Registered Agent)