## 10500119334

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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TALLAHASSEE, FLORIDA

JUN - 9 2014

R. WHITE



RECEIVED

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2014

LUCY HORSCH 1260 PLUM AVE MERRITT ISLAND, FL 32952

SUBJECT: GLOBAL ADVERSITY, LLC

Ref. Number: L05000119334

We have received your document for GLOBAL ADVERSITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form. Please complete and submit the correct form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 214A00010992

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: GLOBAL ADVERSITY 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:			
LUCY HORSCH Name of Person			
Firm/Company			
1260 PAUM AVE			
Address			
MERRITT ISLAWD FL 32952 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
LUCY HORSCH at (321, 453-8906			
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  □ \$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

Florida		
l. Na	ame of the limited liability company: <u>GLOBAL</u>	DIERSITY LLC
2. (a)	1172 S, DIXIE HWY #2860	1172 S.DIXIE HWY #286
( / -	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ORAL GABLES FL 3314
	COIVIL 0118 123 1 12 33, 10 C	JONATE OFFICES ( E 35)
	$\frac{12/14/2005}{\text{Date of filing/registration in Florida}} \qquad \frac{L}{4}$	.05000119334
3.		Document number
5. (a)		
	Registered Agent and Registered Office shown on the records of the Florida Dept.	. of State:
	211 CROCKETT BLVD #52	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	MERRITT ISLAND ,FL 3295	<u>52</u>
(b)	RUSSELL BRUCE	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	E &
	1172 S. DIXIE HIGHWAY #2	286
	NEW Registered Office Address:	156 - 177 Fig. 7.1 - 177
		Constant of the constant of th
	CORAL GABLES , FL 331L	<u> 16</u>
If the li	limited liability company is not organized under the laws of the State	e of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability compa	d office and the business office of the registered
was/we	vere authorized by an affirmative vote of the members of the limited	liability company or as otherwise provided in
( )	ticles of organization or the operating agreement of the limited liabil	
Signat	ature of a member or authorized representative of a member	Printed or typed name of signee
	·	
provisi	eby accept the appointment as registered agent and agree to act in the sions of all statutes relative to the proper and complete performance objections of my position as registered agent as provided for in Chap.	of my duties, and I am familiar with and accept ster 605 F.S. Or if this document is being filed

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.

Signature of Registered Agent