## Electronic Filing Cover Sheet

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(((H06000266942 3)))



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: THE FLORIDA COMPANY Account Name

Account Number : I20060000001 Phone

: (608)827-5300

Fax Number

: (608)824-0405

## REGISTERED AGENT CHANGE

GLOBAL ABSOLUTE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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## 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 limite	d liability company is: GLOBAL ABS	SOLUTE LLC	<u></u>	·
	the limited liability company is:			
	ORTH MIAMI BEACH FL 33162			
	,	L06000062445		
6/19/2006	to to What da			
3. Date of filing/registrat	ion in Fiorida	4. Document number		
5. The name of the registe Florida Department of	ered agent and the registered office a State:	address as shown on the red	cords of the	ð
<b>,</b>	THE FLORIDA INCORPORATING CO	OMPANY		
	Name 1203 GOVERNORS SQUARE, STE. 10	01		
	Address			
	TALLAHASSEE, FL 32301		_	0
	City, State and Zi	P	06	X <sub>S</sub>
6. The name and address	of the new registered agent and/or o	ffice:	NOV.	SION C
	Business Filings Incorporated		-2	P A P
	Name 1203 Governors Square, Ste. 1	01	A	Y OF S
·	Florida street address (P.O. Box 1	NOT acceptable)	9: 22	Y OF STATE CORPORATIONS
	Tailahassee FL 32301		10	<b>₹</b>
	City, State and Zip			
confirmed that after the c and the business office of liability company, it is he the members of the limite	pany is not organized under the law hange or changes are made, the Flor the registered agent will be identicated the confirmed that the change(s) will define the limited fiability company.	ida street address of the re-	gistered otl rida limited	fice l vote of on or
()	100 (1-7)			
- Uh	ARON 3. INYLOR.			
(Printed or typed name of signee			**	
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and agr is of all statutes relative to the prop ad accept the obligations of my posit this document is being filed to mere a that the limited liability company h	ee 10 act in this capacity. er and complete performat ion as registered agent as ly reflect a change in the r has been notified in writing	i further as nce of my a provided fi egistered o of this chi	ree to uties, or in ffice inge.
(Signature of Registers) Abent) Business Himsels	on of Corporations, r.O. Box 632	Tallahassee, FL 32314		

INHS18(10/99)

**FILING FEE: \$25.00**