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| (Requestor's Name) | |
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| (Business Entity Name) | $\overline{}$ |
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2020 JUL -2 MM 6: 58 SECRETARY OF STATE

> D. BRUCE AUG 18 2020

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|--|----------------------|---------------|--|------------|---------|---|
| | | COVER L | ETTER | | | |
| TO: Registration Section Division of Corporations | | | | | | |
| Global Realty Income, LLC SUBJECT: | | | | | _ | |
| | Name of | Limited Li | ability Company | | _ | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered | ed Office C | hange and | fee(s) are submitted for filing. | | | |
| Please return all correspondence concern | ing this ma | tter to the f | following: | | | |
| Beverly Pascoe | | | | | | |
| Name of Person | | | _ | | | |
| Orr Cook | | 1 | | | | |
| Firm/Company | <u></u> | 1 | _ | | | |
| 818 A1A North, Suite 302 | | | | | | |
| Address | | | | S | 20 | |
| Ponte Vedra Beach, FL 32082 | is. | | | CRET | 20 אטו | |
| City/State and Zip 0 | ode | i | _ | 2 % 2 % | 2 | ************************************** |
| bpascoe@orrcook.com | | | | SSE | <u></u> | \$1000000000000000000000000000000000000 |
| E-mail address: (to be used for futu | re annual r | report notifi | cation) | 四系 | ςυ Õ | الربية ؟ الربية ! |
| For further information concerning this r | natter, plea | ise call: | | . F. | œ | |
| Beverly Pascoe | 9 | 904 t (| 312-7886 | | | |
| Name of Person | | | Area Code & Daytime Telephone | Numb | - er | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | 810 | | |
| Enclosed is a check for the follo | wing amo | o n t: | | | | |
| ■ \$25 Filing Fee | | □! \$5 | 5 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.

| 1. N | fame of the limited liability com | gany: Global | Realty Inc | ome, LLC | C | | | | |
|--|---|--|--|---|--|---|---|-------------------------------|-----------------------|
| 2. (a) | 2380 Sadler Road | | į | (t | 2380 Sadi | ler Road | | • | |
| 2. (u) | Principal office address of lim (Nate: MUST RE STR | - 1 | | (, | | Mailing address of lin (Note: MAY BE P | | | - |
| | Suite 101 | | | _ | Suite 101 | | | | |
| | Fernandina Beach, FL 32034 | | | | Fernandina | a Beach, FL 32034 | | | |
| | 11/30/2006 | | | | L060001148 | 394 | | | |
| 3. | Date of filing/registrati | on in Florida | 3 | 4, | | Document number | r | | |
| 5. (a) | Beverly A. Pascoe | | | | | | | | |
| J. (u) | Registered Agent and Registered Office | e shown on the | records of t | he Florida | Dept, of State | - 6: | | | |
| | 1301 Riverplace Boulevard | | ı | | | | SECF | 2021 | |
| | Registered Office Address (MUST | BE FLORIDA | STREETA | DDRESS) | | • | | 2020 JUL | 2 |
| | Suite 1500 | | | | | | <u> </u> | r== 1 | arz 1899 gwithelia |
| | Jacksonville | | , FL | 32207 | | • | AHASSE | 2 AH | |
| | | | l | | | | $\frac{m^{c_0}}{m_{at}}$ | <u>ა</u> | |
| (b) | Enter name of NEW Registered Agent | and - NEW | 9 4 |)07 | | | | S | |
| | Enter name of NEW RESIDERS Avenu | more HEW | Kekizieten (| MIKE KUU | <u>(177</u> : | | <u>লে</u> | 8 | |
| | Beverly A. Pascoe | | 1 | | | | | | |
| | NEW Registered Office Address: | | <u>'</u> | | | | | | |
| | 818 ATA North, Suite 302 | | ! | | | | | | |
| | Ponte Vedra Beach | | , FL | 2082 | | | | | |
| change agent wind was/wer was/wer che artic signature in the control of the colling of the colli | nited liability company is not or or changes are made, the Florida ill be identical. Or, in the case of e authorized by an affirmative veles of organization or the operation of the operation of a member or authorized representations of all statutes relative to the partions of my position as register of reflect a change in the register of writing of this change. | street address a Florida li ote of the me ong agreemen tive of a memb | is of the remited liable imbers of the liner | gistered ility com the limite nited lial Steven | office and pany, it is hed liability compositive compositive with the capacity capac | the business office hereby confirmed company or as oth any. Printed or typed name in a little of typed name. | e of the rethat the corrected processes processes of signer | egistere hange(rovided | ed s) lin |
| • | Derreile A. T. | ctall | | | | | | | |
| Signature | of Registered Agent | | | | | | | | |
| | Division of Co | | D 0 0- | . 6227- | T-11-b | . EL 22214 | | | |

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