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SECRETARY OF STATE STATE OF STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Global Financial Investment (Name of L	t Group imited Liability Company)	•
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
John Sansac		
(Name of Person)		VISIO
Global Financial Investment Group, LL (Firm/Company)	<u>.C</u>	O7 APR 23 PM 1:55
10700 Caribbean Blvd, Suite 312 E		PM 1:5
(Address)		,
Cutler Bay, Florida 33189		
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
John Sansac	at (305) 300-0352	
(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	g amount:	
✓ \$25 Filing Fee	☐ \$55 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 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.

2. The mailing address	ss of the limited liability c	ompany is : PO BOX 652932	
MIAMI, FL 33265			*
4/19/2007		L0700009591	
3. Date of filing/regis	tration in Florida	4. Document number	
5. The name of the reg Florida Department		stered office address as shown on the	records of the
	John Sansac	·	7
		Name	2 Z
	10870 SW 32 STRE		OT APR 23
		Address	N N N N N N N N N N N N N N N N N N N
	MIAMI, FL 33165		23 F. E.
	City.	. State and Zip	
6. The name and addre	ess of the new registered a	ngent and/or office:	PH 1:
	John Sansac		TATE REALISHS
		Name	5 5
	10700 Caribbean Blv	d, Suite 312 E	
	Florida street addres	ss (P.O. Box NOT acceptable)	
	MIAMI	FL 33189	
	City, S	State and Zip	
confirmed that after the	e change or changes are n	under the laws of the State of Florida nade, the Florida street address of the vill be identical. Or, in the case of a F e change(s) was/were authorized by a or as otherwise provided in the articly company.	registered office
(Signature of a member or a	athorized representative of a memb	per)	
John Sanaa			
John Sansac (Printed or typed name of sig	116.6.)	•	
		igent and agree to act in this capacity to the proper and complete perform is of my position as registered agent a filed to merely reflect a change in the ty company has been notified in writi	o. I further agree to nance of my duties, us provided for in registered office ng of this change.
(Signature of Registered Age	nt)		
Div	ision of Corporations, P.	O. Box 6327, Tallahassee, FL 3231	4

FILING FEE: \$25.00