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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GLOBAL LIFESTYLES TEAM, 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:		
PATRICIA K Pitocchi Name of Person		
Global Lifestyles Team, LLC Film/Company		
188 MUIRFIELD CRCLE Address		
NAPLES, FL 34113 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Pat Patocchi at (239) 398-8650 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\ \tag{\text{S55 Filing Fee & Certified Conv}}		

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. Name of the limited liability company: GLOBAL	LIFESTYLES TEAM, LLC
2. (a) Principal office address of limited liability company	: 188 Muirfield Circle
(Note: MUST BE STREET ADDRESS)	<u>Naples, FL 34113</u>
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
13 March 2007 3. Date of filing/registration in Florida	4. Document number 75 5 0
5. (a) Registered Agent and Registered Office shown on	모친 "
Registered Agent:	CORPORATION SERVICE CO
Registered Office Address:	TALLAHASSEE, FL32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Patricia K Pitocchi
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Moles FL 34113
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to

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