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EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJECT: GLOBAL ONE TRUST LC. Name of Limited Liability Company				
Б.		·,		
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerni	ng this matter to the following:		
	JOHN ROJAS			
	Name of Person			
	GLOBAL ONE TRUST L Firm/Company	.C.		
	690 SW 1st CT. # 2720 Address			
	MIAMI, FL 33130 City/State and Zip Code	TARY OF TARY O		
E	JOHNROJAS33@HOTMAIL -mail address: (to be used for future annual repo	COM ort notification)		
For fu	orther information concerning this m	atter, please call:		
	JOHN ROJAS	at (786) 487-4247		
	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 follow	wing amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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.	Nar	ne of the limited liability company:	GLOBAL ONE TRUST LC	
2	(a)	Principal office address of limited liability compan	y: 690 SW 1st CT. # 2728	
-1.		(Note: MUST BE STREET ADDRESS)	MIAMI FL 33130	
<u></u>	(b)	Mailing address of limited liability company:	690 SW 1st CT. # 2728	
-(<u>*</u>	<u></u>	(Note: MAY BE POST OFFICE BOX)	MIAMI FL. 33130	
		05/24/2007	L07000055147	
3.	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
		Registered Agent:	JOHN ROJAS	
		Registered Office Address:	690 SW 1st CT. # 2728 MIAMI FL. 33130	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address	
		NEW Registered Agent:	JOHN ROJAS	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	600 SW 133rd AVE	
			DAVIE 9m,FL-33325	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a number or authorized representative of a member OHN ROJAS Printed or typed name of signce				
I k cor and Ch add	nere mply d I d apte dres	by accept the appointment as registered agent and by with the provisions of all statutes relative to the proving a military with and accept the obligations of my part 508, F.S. Or, if this document is being filed to mean the second of the limited liability comparts of Registered Agent Division of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314	
	FILING FEE: \$25.00			