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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GLOBAL AUTOMOTIVE ST (Name of L	TRATEGIES, LLC Limited 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:	
HOLLY A. MANTLE, ESQ.		
(Name of Person)		
MANTLE & VANHOOSE, P.A.		
(Firm/Company)		
1555 INDIAN RIVER BLVD., STE. B125	5	
(Address)		
VERO BEACH, FLORIDA 32960		
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
HOLLY A. MANTLE, ESQ.	at (772) 569-1101	
(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.

agent, or oom, in the state of 1 torial.		
1. The name of the limited liability company is: G	LOBAL AUTOMOTIVE STRATEGIES, LL	<u>.c</u>
2. The mailing address of the limited liability comp	oany is : 7722 SCHOONER COURT	, PARKLAND, FL 33067
, ,	•	
OCTOBER 3, 2007	L07000100488	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:	ed office address as shown on the r	records of the
•	PORATION AGENTS, INC.	
	ame	
13302 WINDING OAKS	BLVD., SUITE A-100	80 S
Address		
TAMPA, FL 33612-3425 City, State and Zip		ECRE SION (
•	•	OF CO
6. The name and address of the new registered agen	t and/or office:	Y OF CORPT
HOLLY A. MANTLE of MANTLE & VANHOOSE, P.A.		
Nar		STATE DRATION 2: 26
1555 INDIAN RIVER BL	1555 INDIAN RIVER BLVD., STE. B125	
Florida street address (P	O.O. Box NOT acceptable)	
VERO BEACH, F	_Ն 32960	
City, State	and Zip	_
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability confirmed that the chof the members of the limited liability confirmed that the chof the member of authorized representative of a member)	e, the Florida street address of the rose identical. Or, in the case of a Floange(s) was/were authorized by an	registered office orida limited affirmative vote
(Printed or typed name of signee)		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.6. Oh, if this document is being filed address. I hereby confirm that the limited liability confirms that the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability liabilit	t and agree to act in this capacity. the proper and complete performs fmy position as registered agent as d to merely reflect a change in the company has been notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.

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

INHS18 (8/05)