L080000/2635

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COVER LETTER

TO: Registration Section Division of Corporations		
Division of corporations	•	
SUBJECT: Global Research Center	er, LLC	
(Name	of Limited Liability Company)	
D 0' 14 1		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
David Wilson		
(Name of Person)		
Global Research Center, LLC		
(Firm/Company)		
1969 S. Alafaya Trail 416		
(Address)		
Orlando El 22020		
Orlando FL, 32828 (City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
David Wilson	at (407) 574-1610	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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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 Res	search Center, LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 1802 N,. Alafaya Trail Suite#141 Orlando FL, 32826
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1802 N Alafaya Trail Suite#141 Orlando FL, 32826
11/25/2005 3. Date of filing/registration in Florida	L08000012635 4. Document number
•	
5. (a) Registered Agent and Registered Office shown or	·
Registered Agent:	David Wilson
Registered Office Address:	1969 S. Alafaya Trail 416 Orlando FL, 32828
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: David Wilson
NEW Registered Office Address:	1802 N,. Alafaya Trail
(MUST BE FLORIDA STREET ADDRESS)	<u>Suite#141</u> <u>Orlando</u> ,FL <u>32826</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
David Wilson	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	garge to act in this canacity. I further garge to

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

(Signature of Registered Agent)