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SECRETARY OF STATE

J. BRYAN

APR 1 2 2009

EXAMINER

COVER LETTER

Divisio	on of Corporations			
SUBJECT: _	SR GLOBAL VENTURES. Name of	LLC f Limited Liabil	ity Company	
Dear Sir or Ma	adam:			
The enclosed I	Registered Agent/Registered	Office Change	and fee(s) are submitt	ted for filing.
Please return a	all correspondence concerning	ng this matter to	the following:	
JOHN E	P. WILKES, ESQ. Name of Person		_	نسب بال
JOHN I	P. WILKES, P.A. Firm/Company		_	FILE PH 3: 42 SECRETARY OF STATE ALLIAHASSEE. FLORIC
<u>901 S</u> .	. Federal Highway, Suit	te 101A	_	PM 3: 42 Y OF STAT
Fort 1	Lauderdale, FL 33316			でで
	City/State and Zip Code		_	
	eS@jpwpa.com ess: (to be used for future annual report formation concerning this ma			
rot faturer in	ormation concerning this ma	itter, piease ean		
Kim S	imon or Jean Sherman Name of Person	at (<u>954</u>) <u>467÷9200</u> Area Code & Daytime Telep	hone Number
Registra Divisio Clifton 2661 E	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, Florida 32301	Reg Div P.O	distration Section ision of Corporations Box 6327 Shassee, Florida 32314	
Enclos	sed is a check for the follow	ing amount:	tipo Léty	, 11
\$25	Filing Fee	□ \$5	5 Filing Fee & Certifi	ied Copy

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR . \cdot 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 voin, in the state of Frontaa.	
1. Name of the limited liability company:SR GLOBAL	VENTURES, LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	5379 LYONS ROAD, #307 Coconut Creek, FL 33073
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PET R
4/29/2009 3. Date of filing/registration in Florida	L09000041411
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Douglas Jovanovic, ESQ,
Registered Office Address:	17 SE 24 Avenue Pompano Beach, FL 33062
NEW Registered Agent:	JOHN P. WILKES, ESQ.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	901 S. Federal Highway, #101A Fort Lauderdale, FL 33316 ,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Signature of a member or authorized representative of a member 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 pand I am familiar with and accept the obligations of my pand to the pand of the complete to the pand of the complete to the pand of the complete to the pand of the limited liability companies. I hereby confirm that the limited liability companies.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	

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