## L0900051528

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
. Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700293153587

12/12/16--01026--016 \*\*25.00



D. SCOTT **DEC** 1 8 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	CE-GLOBAL, LLC				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.		
Please	return all correspondence concerning the	is matter to the	e following:		
Donn	na Bertucci				
	Name of Person	<u></u> .	<del></del>		
Corp	orate Direct, Inc				
	Firm/Company		<del></del>		
2248	Meridian Blvd. Suite H				
	Address	,	Fig. F. C. O. Ge - G. W. Staffler Sing :	<b>3 3</b>	
Mind	en, NV 89423	u beren je	·	<b>温</b> 男子	
•	City/State and Zip Code			2 7 TE	
info@	ocorporatedirect.com			TST #	
l	E-mail address: (to be used for future and	nual report not	ification)		
For fu	rther information concerning this matter	, please call:			
Donr	na Bertucci	775	782-2201		
	Name of Person		Area Code & Daytime Telepho	one Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	/ R C P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314		
#EF-G	Enclosed is a check for the following	g amount:			
<u>.</u> .	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		
INHS	18 (2/14)		•		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: CE-GLOBAL, I	LLC				
2. (a)		_ (t	b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	86A OCEAN VIEW ROAD, NORTHCOTE		86A OC	EAN VIEW ROAD, NORTHCOTE		
	AUCKLAND, NZ 0627 NZ	-	AUCKLA	AND, NZ 0627 NZ		
	06/12/2009		L0900005	57528		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
	Registered Agent and Registered Office shown on the records of the DETWEILER, GERRI	e Florid	a Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1037 GREYSTONE LANE			-		
	SARASOTA .FL	34232	<u> </u>			
				•		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	)ffice sc	ddress:			
	Biller finite of the registered regent under the registered	<u> </u>		PILED W 1:16		
	REGISTERED AGENTS INC.			語言言		
	NEW Registered Office Address:					
	3030 N. Rocky Point Drive, STE 150A			1		
	_	0000	•••			
	Tampa, FL_	3360	/	- Off 67		
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 member or authorized representative of a member  Printed or typed name of signee						
provis the ob to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete policions of my position as registered agent as provided rely reflect a change in the registered office address, I head in writing of this change.  Bill Hayre/Assistant Secre	perform I for in ereby (	ct in this cap nance of my Chapter 605 confirm that	acity. I jurther agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Signat	ure of Registered Agent					

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