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(Requestor's Name)					
(Address)					
(Add	ress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: GLOBAL ENERGY TECHNOLOGY, LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office of	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this m	atter to the following:					
Barbara Goransson Name of Person						
GOLBAL ENERGY TECHNOLOGY, LL Firm/Company	C					
3420 ENTERPRISE RD Address						
FORT PIERCE, FL 34982 City/State and Zip Code						
BARB.GORANSSON@GMAIL.COM E-mail address: (to be used for future annual report notification	on)					
For further information concerning this matter, ple	ase call:					
BARBARA GORANSSON at (561) 222-0355					
Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following 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.

1.]	Name of the limited liability	company:GLOBAI	ENERGY TECHO	DLOGY, LLC		
2. ((a) Principal office address of	f limited liability company	3420 EN	3420 ENTERPRISE RD		
	(Note: MUST BE STR	EET ADDRESS	FORT PIE	RCE, FL 34982		
((b) Mailing address of limite	d liability company:	401 OLD DIXI	E HWY, #3484		
	(Note: MAY BE POST	OFFICE BOX)	TEQUESTA, F	L 33469		
	10/1/2009		L090000	97 0 16: ਨ		
3.	Date of filing/registration in	Florida 4	Document number	Eg 8		
5.	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Agent:		COREY CLIVE	SEP RED		
	Registered Office Addre	ss:	177 US Hwy One, #3 Tequesta, FL 33469	05 OF 51		
((b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>COERY CLIVE</u>					
	<u>NEW</u> Registered Office (MUST BE FLORIDA S	Address:	3420 Enterprise Rd			
	IMOST BE FLORIDA S	IKEEI ADDKESS)	Fort Pierce	,FL <u>34982</u>		
con and liab of t or t	the limited liability company in firmed that after the change of the business office of the repbility company, it is hereby continuously the members of the limited liable the operating agreement of the limited of a member or authorized representations.	or changes are made, the Flogistered agent will be idention of the change (s) ability company or as otherwellimited liability company.	orida street address of th	e registered office Florida limited		
	Barbara Go	ransson				
	nted or typed name of signee		•			
I he con ana Cha ada	nereby accept the appointmen mply with the provisions of al d I am familiar with and/acce apter 60%/F,S. Or, if this do dress, I hereby confirm that th	t as registered agent and ag I statutes relative to the pro pt the obligations of my pos cument is being filed to mer ne limited liability company	ree to act in this capaci per and complete perfor ition as registered agen ely reflect a change in ti has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.		
Sign	nature of Registered Agent	🛶				

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