10/11/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383		_	2017 GCT 11 KM Z: 44
From:	Account Name : C T CORPORATION SYSTEM Account Number : FC4000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 .		APASSET LEGRIDA	14 - 2 W.
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OCT 12 2017

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.

Name of the limited liability company: Globa	lAnalyticalDevelopmentl.I	I.C		
(a)				
Principal office address of limited liability ec (Note: MUST BE STREET ADDRES		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
14440MYERLAKECIRCLE	1444			
CLEARWATER,FL33760				
3/5/2010		00025165		
Date of filing/registration in Florid	ia 4.	Document number		
CORPORATIONSERVICECOMPANY				
(a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept.	of State.		
Registered Office Address (MUST BE FLORID	A STREET ADDRESS)	party . • Table		
1201HAYSSTREET	; ;			
TALLAHASSEE	, FL32301-2525			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	TATION OF THE		
		0.31 -		
NEW Registered Office Address.				
1200SouthPineIslandRoad				
Plantation	,FL 33324	TILED MI DOT 11 P 1: 26 ALLAHASSELTILORIDA		
f the limited liability company is not organized under change or changes are made, the Florida street gent will be identical. Or, in the case of a Florida vas/were authorized by an affirmative vote of the articles of organization or the operating agree the Bolomage.	ander the laws of the State t address of the registered la limited liability compar e members of the limited l ment of the limited liabili Patricials	e of Florida, it is hereby confirmed that after d office and the business office of the registency, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Signature of a member or aumorized representative of a re		Printed or typed name of signee		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper an the obligations of my position as registered agen to merely reflect a change in the registered office notified in writing of this change.	t as provided för in Chap; addiress, Thereby confir	its capacity. I further agree to comply with of my duties, and I am familiar with and ucc ter 605, F.S. Or, if this document is being film that the limited liability company has been		
CTC ornoration System (A. O. A.	ames M. Halpin <u>Assistant</u> Secretary			
V Division of Cornorati	ions P.O. Box 6327 • T:	allahassee, FL 32314		

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 FILING FEE: S25.00