L10000057176

(Red	questor's Name)					
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AUG 2 2 2014 C. CARROTHERS



July 30, 2014

DENNIS HAMMOND GLOBAL CAPITAL RESEARCH LLC 777 SOUTH FLAGLER DR. SUITE 1800 WEST PALM BEACH, FL 33401

SUBJECT: GLOBAL CAPITAL RESEARCH, LLC

Ref. Number: L10000057176

We have received your document for GLOBAL CAPITAL RESEARCH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SECTION 1,2,3,4 AND 5 MUST BE COMPLETED.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 514A00016261

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations						
SUBJECT: CHOOOL Capital Research, LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Dennis Hammond Name of Person						
Global Capital Research, UC						
The South Flagler Drive West Tower Suite 1800 Address						
West Palm Beach, FL 33407 City/State and Zip Code						
Tomalone @ glocapx.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jame Malone at (561) 279-8300 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314						
Enclosed is a check for the following amount:						
□ \$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 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.

I. Na	ame of the limited liab	ility company: _	CHObal	Capita	Research	MI	LC	
2. (a)	Dennis F	3 Hana	bnoc	(b) Dea(is B Ho	mm	209	
	-	ldress of limited liabi ST BE STREET AD		М	ailing address of limited (Note: MAY BE POST			
	JUJ SONA	Flagler Dr			South Flogle	L Digital		
	West Towns	P	321101	West	Tower, Suit	C1 ~))	$\overline{\bigcirc 1}$
	Mesthalu	Beach, F	L 33401	Mest 1	Jam Beach	7r :	22-1	V _I
	05.26.1	9010		L100	000057	176		
3.		g/registration in F	lorida	4.	Document number			
5. (a)	Colobal C	Capital gistered Office shown	Besearch on the records of the	Florida Dept. of State:				
	Calabal	antal	Resear	thic				
	Registered Office Addres		ORIDA STREET AL	ODRESS)				
	WestToux	Flagles Don						
	West Pal	n Beach	, FL.	33401_				
41.5								
(b)	Enter name of NEW Reg	istered Agent and/or	NEW Registered O	ffice address:				
	D 1	1	۵					
	_ Dennis to NEW Registered Office	ammon	<u>0</u>	_	•	و المحمد		
	121 Song	y Elagler Ba	we.				本	
	West Town	r, Suite 18	<u> </u>				AUG	- X 17 X
	West-Pala	n Beach	, FL_	33401			<u>.</u>	Erio Frances
	imited liability compa							
agent v	ange or changes are in will be identical. Or, i	n the case of a Fl	orida limited liab	ility company, it is	hereby confirmed t	hat the ch	ange(s)
the arti	ere authorized by an a idles of organization of	fillmative vote of r the operating ag	the members of greentent of the li	the limited liability mited <u>li</u> ability	company or as other	erwise pro	vraed	ın
	1/ Xuil	Hour		Dennis	Hannon	4		
~	titre of a member of author	- •			Printed or typed name of	-	t. dala	.1.
r nere provisi	hy(accept the appoint ions of all statutes rel ligations of my position ely reflegi a change in	nent as registered ative to the prope Mar registered at	i agent and agree r and complete p rowt as provided	erformance of my d for in Chapter 605	city. Thirther agree uties, and Lam fam ES Or if this doc	e to compl iliar with	v wiin and ac	ine cept
to mer notifie	ely rufleoi a change in d in wrifing of this/ch	the registered of	fice addfass, I he	reby confirm that t	he limited liability of	company h	as bee	n
	11 xin 10	ROMA	4					
Signatu	te of Registered Agent	\ 10000						

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