## L10000089024

(Re	questor's Name)	-
· (Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	∍ #)
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B. KOHR
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EXAMINER

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## **COVER LETTER**

Division of Corpo	rations				
SUBJECT:	GLOBAL (	CONSU	LTING PART	NERS	
			, ,	- B.	
Dear Sir or Madam:				10 OCT	
The enclosed Registered	Agent/Registered C	Office Cha	nge and fee(s) are	•	
Please return all correspon	ndence concerning	this matte	er to the following	<b>;</b> :	
	C. JERNIGAN	···	· · · · · · · · · · · · · · · · · · ·		
Nam	ne of Person				
	SULTING PARTN	<u>IERS</u>			
Firm	n/Company				
48000					
	SW 49TH CT.				
A	ddress				
	IAR, FL 33027				
City/Star	te and Zip Code				
JERNIGAN	J21@GMAIL CO	м			
JERNIGAN E-mail address: (to be used	for future annual report n	otification)			
For further information co	oncerning this matte	er, please	call:		
JASON C. JEI	RNIGAN	at ( 7	86 )	251-3298	
Name of Perso	n			rtime Telephone Number	
STREET/COURIE	R ADDRESS:		MAILING ADDI	ofee.	
Registration Section			Registration Section		
Division of Corpora			Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Cen	ter Circle		Tallahassee, Florida 32314		
Tallahassee, Florida	32301				
Enclosed is a chee	ck for the followin	g amoun	t:		
\$25 Filing Fee			\$55 Filing Fee	& Certified Copy	

**TO:** Registration Section

## 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. Nar	me of the limited liability company:GLOB	<u>AL CONSULTING PAR</u>	TNERS		
2. (a)	Principal office address of limited liability company	7: 15828 SW 4	9TH CT.		
	(Note: MUST BE STREET ADDRESS)	MIRAMAR, FL 33027	<del></del>		
<u>(b)</u>	Mailing address of limited liability company:	15828 SW 49TH CT. 6			
	(Note: MAY BE POST OFFICE BOX)	MIRAMAR, FL 33027			
	08/24/2010	L1000008902	4 14 25		
3. Dat	e of filing/registration in Florida	4. Document number	رنم		
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept	່. of State:		
	Registered Agent:	JASON C. JERNIGAN			
	Registered Office Address:	2801 NE 185TH ST., #704			
		AVENTURA, FL 3318	0		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:			
	NEW Registered Agent:	JASON C. JERNIGAN	· · · · · · · · · · · · · · · · · · ·		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		15828 SW 49TH CT.			
	(MCDI DE I DOMDI OTRIBLI (IDDRESS)	MIRAMAR	,FL <u>33027</u>		
and the liability of the cor the co	imited liability company is not organized under the med that after the change or changes are made, the F business office of the registered agent will be idently company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	lorida street address of the regi ical. Or, in the case of a Floric was/were authorized by an af	stered office la limited firmative vote		
0	JASON C. JERNIGAN				
Printed o	or typed name of signee	_			
	by accept the appointment as registered agent and a with the provisions of all statutes relative to the proving a familiar with and accept the obligations of my poor 608, F,S. Or, if this document is being filed to me so thereby confirm that the limited liability company of Registered Agent	gree to act in this capacity. I f oper and complete performanc sition as registered agent as pi rely reflect a change in the reg o has been notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.		
Jiguaidi		56 m II.i			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					