## 411000073167

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

AUG -8 2011

**EXAMINER** 

Office Use Only



500238200175

08/06/12--01035--010 \*\*25.00

ZHIZAUG-6 MA NO OG SECIETARY OF STATE

## **COVER LETTER**

Division of Corporations		
	Globalvest LLC  Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Marie B Code, Esq Name of Person	2012 AUG - 6 PA SECRETARY OF TALLAHASSEE. I	
Marie B. Code Esq. P.L. Firm/Company	JC -6 R # 00	
1308 SW 27th Terrace		
Address		
Cape Coral FL 33914  City/State and Zip Code		
marie@marieesquire.com E-mail address: (to be used for future annual report notification	on)	
For further information concerning this matter, ple	ase call:	
Marie B Code, Esq at (	239 ) 829-0063	
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:		
<b> √</b> \$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.

· ·	
Name of the limited liability company:	Inserve Globalvest LLC
2. (a) Principal office address of limited liability compan	y: 8961 Conference Dr. Ste 2
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919
(b) Mailing address of limited liability company:	8961 Conference Dr. Ste 2
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919
06/23/2011	L11000073167
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Code, Marie B Esq
Registered Office Address:	1202 SE 8th Place Ste B
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	1308 SW 27th Terrace
	Cape Coral ,FL33914
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Marie B Code, Esq Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my pi Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability companions of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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