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J. SAULSBERRY EXAMINER

JUL 24 2012

COVER LETTER

TO: Registration Section Division of Corporations		
	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	g this matter to the following:	
Norbert Pukeca Name of Person		
Globix Solutions, LLC	SEC TALLA	2012
. New: 1318 Belfivre Way,	Wa SEE, F	2012 JUL 23 AM 9: 60
Windermere, FL 31 City/State and Zip Code	4786 RDA	
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this ma	ntter, please call:	
Norbert Rukeca Name of Person	at (862) 485 0555 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 follow	ing amount:	
\$25 Hiling Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR WOTH 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): 6	Juliac 110
1. Name of the limited liability company: Globix 5	
2. (a) Principal office address of limited liability company:	. 1
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32801
(b) Mailing address of limited liability company:	55 W Church St #2105
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32801
November 18,2011	L[1000131660
	Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Norbert Pukeca
Registered Office Address:	55 W Church SP #21053
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Norbert Pulvers 1318 Belfiore Way 5 Windermere ,FL 34786
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. A Dubbar Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Norbert Puleca Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familier with and accept the obligations of my post of the chipter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	