

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.

(((H17000090441 3)))



H170000904413ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE GLOBAL NOMADS THE HIDEAWAY HARBOUR ISLAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

O SIMMONS

APR 0 5. 2017

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: GLOBAL NOMADS THE HIDEAW	GLOBAL NOMADS THE HIDEAWAY HARBOUR ISLAND, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Cheyenne Moseley						
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
101 N. Brand Blvd., 10th Floor						
Address						
Glendale, CA 91203						
City/State and Zip Code						
onlinefilings@legalzoom.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please c	all:					
Cheyenne Moseley 8	00 773-0888 ext 9724					
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:						
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INTIS18 (2/14)						

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.

1. N	ame or the ilmited hability company:	OMAD		DEAWAY HARBOUR ISLAND, LLC
2. (a)	8345 NW 66 Street		(b) 8345 N	NW 66 Street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#2007		#2007	
	Miami, FL 33195		Miami,	FL 33195
	01/30/2012		L120000	013795
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Berg, Ettelman & Berg, P.A.			
J. (4)	Registered Agent and Registered Office shown on the records of 8345 NW 66 Street #2007	of the Flo	rida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	TADDR	ESS)	
	Miarni , F	_L 331	95	- 7 APR
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	
		29.2311		ي المشيد
	United States Corporation Agents, Inc.			ှ လူ ်
	NEW Registered Office Address:			
	13302 Winding Oak Court Suite A			·
	Tampa , F	_{FL} 336	12	
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the difference of a member or authorized representative of a member.	of the reliability s of the he limite	egistered offi y company, it limited liabil ed liability co Catherine d	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. It Villada Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and compleifigations of my position as registered agent as providely reflect a charge in the registered office address, d in writing of this change. Chevenne Moseley, is	le perfo ded for I hereb	rmance of m in Chapter 60 y confirm tha	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	Cheyenne Moseley, a Corporation Agents, I		secretary on bi	shalf of United States
Signate	re of Registered Agent			
	Division of Corporations • P.O. FILING			assee, FL 32314