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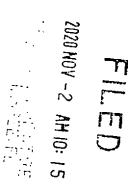
(Requestor's Name)										
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## **COVER LETTER**

TO:		stration Section sion of Corporations									
SUBJE	ECT:	GLOBAL TRANPORT SERVICES GROUP, LLC									
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company									
		Aadam:									
The en	iclosed	Registered Agent/Registered (	Office Chang	e ar	nd fee(s) are submitted for filing.						
Please	return	all correspondence concerning	this matter t	o th	e following:						
DAVII	D В. Н	ERRING									
		Name of Person		•	·······						
GLOB.	AL TR	ANPORT SERVICES GROUP, I	.I.C								
		Firm/Company			- <del></del>						
145 NV	W CEN	TTRAL PARK PLAZA SUITE 11	ì								
		Address									
PORT	SAINT	FLUCIE, FLORIDA 34986									
		City/State and Zip Cod	e e								
DHER	RING(	@ADMIRALMGT.COM									
Е	-mail	address: (to be used for future	annual report	not	ification)						
For fur	ther in	nformation concerning this mat	ter, please ca	11:							
DAVII	) в. н	ERRING	9 at (	54	494-1826 ) Area Code & Daytime Telephone Number						
		Name of Person	· · · · ·		Area Code & Daytime Telephone Number						
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Encl	osed is a check for the follow	ng amount:								
	<b>≅</b> \$2	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 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.

	une of the limited liability company:		.1.				
2. (a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of limited li (Note: MAY BE POST O		-	
	· · · · · · · · · · · · · · · · · · ·			145 NW CENTRAL PARK PLAZA SUITE 111			
	PORT SAINT LUCIE, FLORIDA 34986	_	PORT SAINT LUCIE, FLORIDA 34986				
	02/06/2012		1.12000017	478			
8.	Date of filing/registration in Florida	4.		Document number			
5. (a)	UNITED STATES CORPORATION AGENTS INC						
	Registered Agent and Registered Office shown on the records of th	 le:					
	Registered Office Address (MUST BE FLORIDA STREET A)	_	2020				
	5575 S. SEMORAN BLVD, SUITE 36				2020 NOV	77	
	ORLANDO, FL	32822		-	Ý -2	-	
	DAVID B. HERRING			<del></del>		m	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>		AM 10: 15	J			
	NEW Registered Office Address:			_			
	145 NW CENTRAL PARK PLAZA SUITE 111	_					
	PORT SAINT LUCIE, FL	34986	í				
thange igent y vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or in the case of a Florida limited liable authorized by an affirmative vote of the members of chis of organization of the operating agreement of the liable authorized.	s of the registe pility of the li imited	e State of Flored office and company, it is mitted liability	orida, it is hereby confir d the business office of s hereby confirmed that y company or as otherw npany.	the reg	istered ange(s)	
Signat	ture of a member or authorized representative of a member			Printed or typed name of si	gnee		
provisi he ohl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p ignious of my position as registered agent as provided A reflect a change in the registered office address. I he l'inscriting of this crampe.	e to ac erfori for in creby (	et in this cape nance of my o Chapter 605 confirm that i	acity. I further agree to duties, and I am familia i, F.S. Or, if this docum the limited liability com	compl r with i ent is h pany h	y with the and accep peing filed as heen	
Signatu	re of kendered Agent						