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Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	URBAN GLOBAL ENTERPE	RISES			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and i	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
R. M.	SAXTON				
	Name of Person		-		
URBA	AN GLOBAL ENTERPRISES				
	Firm/Company		_		
8000	N NOB HILL RD, SUITE 205				
	Address		_		
TAMA	ARAC, FL 33321				
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	_		
Urbar	nGlobalLLC@gmail.com				
E	-mail address: (to be used for future ann	ual report notifi	cation)		
For further information concerning this matter, please call:					
R. M.	SAXTON	813	391-5848		
	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		sistration Section ision of Corporations . Box 6327		
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	\$ 5	5 Filing Fee & Certified Copy		
INHST	8 (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 of the limited liability company: URBAN GLO	BAL EI	NT	TERPRISES
2. (a)	8000 N NOB HILL RD	(1	h) ˈ	8000 N NOB HILL RD
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(\	·).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 205		\$	SUITE 205
	TAMARAC, FL 33321		-	TAMARAC, FL 33321
	07/30/2012		L	.12000097637
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SAXTON, R.M.			
J. (4)	Registered Agent and Registered Office shown on the records of 8875 HIDDEN RIVER PKWY	the Florid	la D	•
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 300	ADDRES:	<u>(S)</u>	
	TAMPA	33637	,	
(b)	SAXTON, R.M. Enter name of NEW Registered Agent and/or NEW Registered 8000 N NOB HILL RD NEW Registered Office Address:	d Office ad	idr	<u>ress:</u> &
	SUITE 205			
	TAMARAC	33321		
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lifere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the limited of a member or authorized representative of a member	f the reginability confithe line limited	iste om nite lia	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. SE SAXTON
Signa	nure of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. It din writing of this change	ree to ac e perform ed for in t hereby c	t ir ian Ch :on	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signati	2 m. Saxton ire of Registered Agent			