## L12000128774

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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J. SAULSBERRY EXAMINER

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## COVER LETTER

TO:	Registration Section Division of Corporations	S			
SUBJ	ECT:	GLOBE REAL Name of Limited			to the state of th
_				•	
Dear :	Sir or Madam:				
The e	nclosed Registered Agent	Registered Office (	Change and fee(s)	) are submitted for	or filing.
Please	e return all correspondence	e concerning this ma	atter to the follow	ving:	
	DHIMITER KO	ONDAKCIU			
	Name of Pe	rson			
<del></del>	GLOBE REALTY Firm/Comp.				ZBIZ OCT 15 SECRETARY
	r min/Comp	iiiy			OCT SELL
	33E0 VI	T 10			IS AM S
	3350 AL Address	.1 19	<del></del>		CP E
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	_				COSIDE STATE Se 34
	PALM HARBO	<del></del>			F .
	City/State and 2	ip Code			
I	MM@MMARLE E-mail address: (to be used for futu	CICPA.COM re annual report notification	on)		
For f	urther information concer	ning this matter, ple	ase call:		
	MIRANDA MARLECI	CPA at (_		216-3376 & Daytime Telephone I	
	STREET/COURIER AI	DDRESS:	MAILING A		
	Registration Section Division of Corporations		Registration S		
	Clifton Building		Division of C P.O. Box 632		
	2661 Executive Center Ci	rcle	Tallahassee, F		
	Tallahassee, Florida 3230			101144 52511	
	Enclosed is a check fo	r the following am	ount:		
	\$25 Filing Fee		\$55 Filing	Fee & Certified (	Сору

## 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.

1.	Nar	ne of the limited liability company:	GLO	<u>BE REALTY HOLI</u>	<u> DINGS LLO</u>	<u> </u>
2.	(a)	Principal office address of limited liability of	company	:33	350 ALT 19	
(b		(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:		PALM HARBOR FL 34683		
	(b)			3350 ALT 19		
		(Note: MAY BE POST OFFICE BOX)		PALM HARBOR FL	34683	
_		10/09/2012			128774	
3.	Dat	te of filing/registration in Florida		4. Document number		
5.	(a)	Registered Agent and Registered Office sho	own on 1	he records of the Florid	da Dept. of St	tate:
(		Registered Agent:		DHIMITER KONDAKCIU		
		Registered Office Address:		10535 WHITTINGTON CT		
				LARGO FL 33773		
	(b)	Enter name of <u>NEW Registered Agent</u> and	d/or <u>NEV</u>			
		NEW Registered Agent:		DHIMITER KONDA	KCIU	
		<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRE)	(2,2	3350 ALT 19		
				PALM HARBOR		34683
If co ar lia of or	the onfired the ability of the the	limited liability company is not organized ur med that after the change or changes are made business office of the registered agent will ty company, it is hereby confirmed that the company of the limited liability company or operating agreement of the limited liability of the liability of the limited liability of the limited liability of the li	nder the de, the F be ident thange(s as other company	laws of the State of Flo lorida street address of ical. Or, in the case of was/were authorized lowise provided in the and	the registered a Florida limby an affirmaticles of Office	eby d office nited tive vote inization
Si	gnatu	re of a member or authorized representative of a member	<u>.                                  </u>	<del></del>	ARY SSEL	
		DHIMITER KONDAKCIU  or typed name of signee  eby accept the appointment as registered age by with the provisions of all statutes relative am familiar with and accept the obligations ter 608, F.S. Or, if this document is being file ss, I-hereby confirm that the limited liability	ent and a to the pr of my po led to me compan	gree to act in this cape oper and complete per sition as registered ag rely reflect a change in y has been notified in v	aciber further formance of rent as provide the register writing of this	er agree to my duties, ed for in ed office s change.
Ŝ	ignati	ure of Registered Agent	<del></del>			

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