L13000017636

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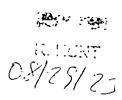
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COVER LETTER

TO: Registration Section Division of Corporations								
CS Global Networks LLC SUBJECT:								
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:							
Reynaldo M Sales								
Name of Person								
CS global Networks LLC								
Firm/Company								
640 blanding Blvd								
Address								
Orange Park, FL 32073								
City/State and Zip Code	· ,							
raymsales@gmail.com								
E-mail address: (to be used for future annual repo	rt notification)							
For further information concerning this matter, please of	eall:							
Renaldo M Sales 90 at (04 699-0759							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amount	t:							
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy							
INHS18 (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.

2. (a)	rme of the limited liability company: Principal Office					
2. (a)		(b) Mailing ac	ldress		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lia (Note: MAY BE POST O		-
	12486 Briarmead Ln		12486 Bria	rmead Ln		
	Jacksonville, FL 322258		Jacksonvil	le, Fl 32258		
	August 18, 2023		L130000176	536		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a)						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of State	- e:		
	Norberto Cruz Jr					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	'S)	-		
	12486 Briarmead Ln				2(Ξ.
		22052		_	2023 AUG	DIVISION JE C
	Jacksonville , F	L <u>32073</u>		_	. S	<u>무</u>
(b)	Reynaldo M Sales				29	A COF
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	-	P X	-#34 1324
	Reynaldo M Sales				PK 12: 40	\$ \$ 7,77 3
	NEW Registered Office Address:			~		
	640 Blanding Blvd		,_	_		
	Orange Park	L_32073				
				-		
change agent v was/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin	ed office an ompany, it is nited liabilit	d the business office of s hereby confirmed that y company or as otherw	the regist the chang	ered ge(s)
	Mar REVINDED M Sole	Rey	ynaldo M Salo	es		
Signa	ture of a member of authorized representative of a member			Printed or typed name of si	gnee	
provisi the obi 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 ely reflect a change in the registered office address, I d in writing of this change.	e performed for in hereby c	t in this cape tance of my o Chapter 605 confirm that	acity. I further agree to duties, and I am familia i, F.S. Or, if this docum the limited liability com	comply v r with an ent is bei pany has	vith the d accept ng filed been