L13000 135 685

(Requestor's Name)					
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(Business Entity Name)					
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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	12000000	0195
		REFERE	NCE :	665076	7566693
		AUTHORIZAT	ION :	V X	
		COST LI) MIT :	\$ 25.00	laan
ORDER	DATE :	June 11, 201	5		
ORDER	TIME :	1:20 PM			
ORDER	NO. :	665076-060			
CUSTOM	ER NO:	7566693			,
		·			
		CHANGE (OF AGEN	<u>T</u>	
	NAME:	GLOBAL LU	XURY AL	LIANCE, L	LC
PLEASE	RETURN	THE FOLLOWING	G AS PR	OOF OF FI	LING:
		FIED COPY			
<u>XX</u>	_ PLAIN	STAMPED COPY			
CONTAC	T PERSON	I: Courtney I	William	s EXT#	62935

EXAMINER:

COVER LETTER

TO:	Registration Secti Division of Corpo							
SUBJE	Global Luxui	Global Luxury Alliance, LLC						
		Name of Limited Liability Company						
Dear S	ir or Madam:							
The en	closed Registered A	gent/Registered Off	ice Change ar	nd fee(s) are submitted for	filing.			
Please	return all correspor	ndence concerning th	is matter to th	e following:				
Sharor	n Moy							
	N	ame of Person						
Paul H	lastings LLP							
	F	irm/Company						
71 S. \	Wacker Drive, 45th	Floor						
•		Address						
Chicag	go, IL 60606							
	City/S	State and Zip Code						
mcout	u@alhi.com							
Е	E-mail address: (to b	e used for future ann	ual report no	tification)				
For fur	ther information co	ncerning this matter,	please call:					
Sharor	п Моу		312 at (499-6086				
	Name of I			Area Code & Daytime	Telephone Number			
	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on orations enter Circle] []	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
	Enclosed is a che	closed is a check for the following amount:						
	☑ \$25 Filing Fee			\$55 Filing Fee & Certified	Сору			
INHS18	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.	Na	me of the limited liability company: Global Luxury Alli	iance, Ll	_C	<u> </u>	
2.	(a)		(b)			
	(-)	Principal office address of limited liability company:	- (-)		failing address of limited liability com	pany:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BO	229
		2295 S. Hiawassee Road, Suite 306		2295 S. H	liawassee Road, Suite 306	
		Orlando, FL 32835		Oriando, I	FL 32835	
		09/25/2013	_	L1300013	5685	· · · · · · · · · · · · · · · · · · ·
3.	•	Date of filing/registration in Florida	4.	,	Document number	
5.	(a)	B&C Corporate Services of Central FL Inc.				
	` '	Registered Agent and Registered Office shown on the records of the	Florida I	Dept. of State:	:	
					273 p. 20 mar	
		Registered Office Address (MUST BE FLORIDA STREET AD				
		390 N. Orange Avenue, Suite 1400				"T]
		Odende	20004		· · · · · · · · · · · · · · · · · · ·	E
		Orlando , FL_	32801			ED
	(b)	Corporation Service Company			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:				ess:		<u>.</u>
					> 11	•
		1201 Hays Street				
		NEW Registered Office Address:				
		Tallahassee FL	32301			
If tl	ne li	mited liability company is not organized under the laws	of the S	tate of Flor	rida, it is hereby confirmed that	after
age	nt u	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabi	ility com	many it is	hereby confirmed that the chan	ge(s)
was	/we	re authorized by an affirmative vote of the members of teles of teamization or the operating agreement of the lin	the limit	ed liability	company or as otherwise provi	ded in
ine	ai ti	chestor regardation of the operating agreement of the in	Micha	iei K. Cout	u, Uniet Financial Officer of Ass	ociatéa
S	gnat	ure of a member or authorized representative of a member	Luxur		ternational Holdings, LLC, its m Printed or typed name of signee	ember
I h	eret	/ ov accept the appointment as registered agent and agree	e to act i	n this capa	city. I further agree to comply	with the
pro	visi	ons of all statutes relative to the proper and complete pe	ertormai	ice of mv d	luties, and I am familiar with ar	d accept
to n	nere ifiea	gations of my position as registered agent as provided f ly reflect a change in the registered office address, I he I in writing of this change.	reby con	ifirm that ti	he limited liability company has	Бееп
	, ~	C. 200 A		C	ourtney Williams	
Sig	natu	e of Registered Agent Corporation Service Company	BY:	As	st. Vice President	

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