## L14000007244

(Requestor's Name)	
(Address)	—
(Address)	_
(City/State/Zip/Phone #)	
(Business Entity Name)	_
	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦



05/01/18--01032--001 \*\*25.00



Office Use Only

## COVER LETTER

TO: Registration Section Division of Corporations

.

Global Holding Enterprises, LLC.

SUBJECT: \_

.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haissam Elannan

Name of Person

Firm/Company

19867 NW 85th Avenue

Address

Miami, Florida 33015

City/State and Zip Code

elannan@elannan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haissam Elannan	786 295-9698
a	l ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
☑ \$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. Global Holding Enterprises 11.0

	Principal office address of limited liability company:	(b)	
			Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> ) 19867 NW 85th Avenue		( <u>Note: MAY BE POST OFFICE BON</u> ) 19867 NW 85th Avenue
	Miami, Florida 33015	<u> </u>	Miami, Florida 33015
	07/07/2014		L14000107244
	Date of filing/registration in Florida	4.	Document number
(a)	Rola Elannan		
<i>a</i> )	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE) 19867 NW 85th Avenue	TADD <u>RESS)</u>	SECTION H
	Miami F	33015 L	2011 HAY - 1 SEURE IART - 1 ALLAHASSEE
b)			
(•)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	ORIU ORI
	Tony Pestano		
	NEW Registered Office Address:		
	4612 N Hiatus Rd		
	Fort Lauderdale	33351	

Jaure Velie

Haissam Elannan

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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