U14000122365

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SEURETARY OF STATE TALLAHASSEE, FLORID,

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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	Global Health Educators, L	LC						
	Name of Limited Liability Company							
Dear S	ir 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:								
Steph	nen Loester							
	Name of Person		-					
Gibso	on & Perkins, PC							
	Firm/Company		•					
100 V	V. Sixth Street, Suite 204		_					
	Address							
Media	a, PA 19063							
	City/State and Zip Code		•					
	alhealtheducators@comcast.net							
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Eric J	J. Deppert	at (421-4502					
	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	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314						
	Enclosed is a check for the following	g amount:						
	△ \$25 Filing Fee	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.

. Na	ame of the limited liability company: Global He	ealth Educa	tors, LLC		
. (a)	New principal office address of LLC	(h	(b) New mailing address of LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)				
	8872 SE North Passage Way		8872 SE No	E North Passage Way	
	Tequesta, FL 33469		Tequesta, F	equesta, FL 33469	
	August 4, 2014		L140001223	65	
•	Date of filing/registration in Florida	4.	Doe	cument number	,
. (a)					
(a)	Registered Agent and Registered Office shown on the recor	ds of the Florida	Dept. of State:		
	Eric J. Deppert				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS			
	5600 Central Gardens Way, Apt. 102				
	Palm Beach Gardens	, _{FL} 33418	TALL SEC		15 J SEC
(h)	NEW Registered Office Address			JAN -2 A CRETARY LAHASSET	AN -S RETAI AHAS
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
			•		AM 3: OF ST
	NEW Registered Office Address:		DRICE OR THE CONTROL OF THE CONTROL		3: 35 STATE FLORID
	8872 SE North Passage Way				Ð
	Tequesta	, FL 33469			
		_, rl	1 1. 1. 1. 1		
e cha gent v as/we	imited liability company is not organized under thange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement or	ess of the registed liability co sers of the lim	tered office and mpany, it is her ited liability co	d the business office reby confirmed that impany or as other	ce of the registered at the change(s)
(1	Eric	J. Deppert		
Signat	ture of a member or authorized representative of a member		Prir	nted or typed name of	signee
ovisi e obl mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d in writing of this change.	plete performa ovided for in C	ince of my dutie Chapter 605, F.S	es, and I am famili S. Or, if this docu	iar with and accept ment is being filed
lanası	tre of Registered Agent	_			