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COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: GLOBAL HEALTH EDUCATORS, LLC 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:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Name of Person Name of Person
GLOBAL HEALTH EDULATORS, LLC Firm/Company
11007 BIG BASS PLACE Address
BRAJENTON, FL 34212 City/State and Zip Code
lobalhealtheducators 1 @ gmail. com (SEE ATTACHEN LETTER
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

KA ALL ADDRESSES IN FILE SHOULD BE 5 (b)

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.

rioriae		a				
1. Na	ame of the limited liability company:	LOBAL	HEALTH	EDU CAT	TORS	LLC
2 (a)	8872 SE NORTH	PASSAGE L	AY BY	SAME		
2. (u)	Principal office address of limited liabi		. ,	iling address of limited	liability compa	any:
	(Note: MUST BE STREET AD		(Note: MAY BE POST	OFFICE BOX	K)
	TERUESTA, FL 33					
XX	E THIS IS OLD AD	5 (b) BEL	m.	CENTLY C	KA-PGE	70
	SEE ATTACKED		L140	0012236	5	
3.	Date of filing/registration in F	lorida 4.	D	ocument number	es. 11	
5 (a)	8872 SE NOWTH	PATILATE	WAY	1 (05)		
J. (u)	Registered Agent and Registered Office shown	on the records of the Flo	orida Dept. of State:	See 1979 32 (1978 21 march] -
	TERVESTA, FL	33469		i i i		
	Registered Office Address (MUST BE FLO		ESS)		-1-1	Ī
				S		י
) REC	2: 0	
		, FL		Ä	2	
: (b)	NEW ADDRESS S.	THE NAMO	E (ERic.	J. DEPLER	T) *	* ·
(-)	Enter name of NEW Registered Agent and/or	NEW Registered Office	address:			
	11007 BIG BASS	PLACE				
	NEW Registered Office Address:					
	BRADENTON, (
* 1	JEW EMALL: GLE	OBALHEAL, FL_	THENVER	rops 1 C	2 GMAI	ر ، ن
the char agent w was/we	imited liability company is not organize nge or changes are made, the Florida st vill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	reet address of the r orida limited liability the members of the	egistered office as y company, it is he limited liability c ed l <u>iability</u> compa	nd the business off ereby confirmed th ompany or as other my.	ice of the reg at the chang rwise provid	gistered e(s)
		_	 	DENE		
_	ture of a member or authorized representative of	1		inted or typed name of		
provision the oblition to mere	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered ag ely reflect a change in the registered off Vin writing of this change	r and complete perfo ent as provided for ice address, I hereb	rmance of my dut in Chapter 605, F y confirm that the	tes, and I am famil S. Or, if this doci limited liability co	to comply with and iment is bein ment is bein impany has i	vith the l accept ig filed been
	n C	Spu 5.	DEPROY	46110		
Signatur	re of Registered Agent		÷			

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

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