15000196890

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
•	•					
PICK-UP	MAIT	MAIL				
_	_	_				
(Bu	isiness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	Certificate	s of Status				
Special Instructions to	Filing Officer:					
Special instructions to	Filing Officer.					
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Office Use Only



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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

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K. SALY DEC 22-2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2016

DETAILING THE GLOBE, LLC DAVID P LOH 94 BUSCHMAN DR. PONCE INLET, FL 32127

SUBJECT: DETAILING THE GLOBE, LLC

Ref. Number: L15000196890

SEGRETARY OF STALE

We have received your document for DETAILING THE GLOBE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00026259

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Detailing The Globe LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	s matter to the following:					
David	d P. Loh	·					
	Name of Person						
Detai	ling The Globe, LLC						
	Firm/Company						
94 B	uschman Drive						
	Address						
Ponc	e Inlet, FL 32127						
1-1	City/State and Zip Code						
dtgflo	orida@aol.com						
E	-mail address: (to be used for future ann	ual report notification)					
For fu	rther information concerning this matter,	please call:					
Tim S	Stresen-Reuter	603 557-5577					
	Name of Person	Area Code & Daytime Telephone Num	ıber				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 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	☐ \$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.

1.	Na	ame of the limited liability company: Detailing The	Globe	, LLC	
2.	(a)		(1	p)	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		94 Buschman Drive			
		Ponce Inlet, FL 32127	_		
		November 20, 2015		L150001	96890
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Bill Havre			
٠.	(4)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of Sta	te:
		REGISTERED AGENTS INC.			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	2)	28
		3030 N. ROCKY POINT DR. STE. 150A			25 5 77
		TAMPA ,FL	33607		FILLAHASSE
	(b)	_{b)} David P. Loh			PILED 2016 DEC 19 PM 12: 07 SECRETARY OF STATE TALLAHASSEE, FLORID
Enter name of NEW Registered Agent and/or NEW Registered Office address:					FIGURE 18
		Detailing The Globe, LLC			PARE: 07 EF. FLORIDA
		NEW Registered Office Address:			_
		94 Buschman Drive			<u></u>
		Ponce Inlet	32127		
the age	cha ent v s/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	s of the he regi bility co the lin imited	State of F stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
5	Signal	ture of a number or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d in writing of this change.	e to ac perform for in (ereby c	t in this cap ance of my Chapter 60 onfirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sig	gnatu	re of Registered Agent			