L15000200600

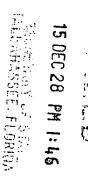
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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DEC 3 0 2015 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2015

FELIX R PENALVER 6659 83RD AVE NORTH PINELLAS PARK, FL

SUBJECT: GLOBAL MCS, LLC Ref. Number: L15000200600

We have received your document for GLOBAL MCS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 215A00026197

Yasemin Y Sulker Regulatory Specialist II C 28 PH 2: 37

Division of Commentions D.O. DOV COOF Well-bosons Florida 9991

COVER LETTER'

TO:	Registration Section Division of Corporations				
SUBJI	Global MCS, LLC				
		of Lir	nited Lia	ability Company	
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Char	nge and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matte	r to the f	following:	
Felix	R. Penalver				
	Name of Person			_	
Globa	al MCS, LLC				
	Firm/Company			_	
6659	83rd Ave North				
	Address			•••	
Pinell	las Park, FL 33781				
	City/State and Zip Code				
felix@	globalmcs.net				
E	E-mail address: (to be used for future annu	al repo	ort notifi	cation)	
For fur	rther information concerning this matter, p	olease (call:		
Felix	R. Penalver	at (727	686-1505	
	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	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		□ \$ 5	5 Filing Fee & Certified Copy	
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. N	ame of the limited liability company: Global MCS,	LLC			
2. (a)	6659 83rd Ave North	((b) 6659 83rd Ave North		
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Pinellas Park, FL 33781		Pinellas I	Park, FL 33781	
	12/01/2015		L1500020	0600	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	United States Corporation Agents, Inc.				
• • •	Registered Agent and Registered Office shown on the records of	the Floric	a Dept. of State	:	
	13302 Winding Oak Court A				
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>S)</u>		
				;=-	
	Tampa , FL	3361	2	5	
		' 		B B B	
(b)	Felix R. Penalver	 		DEC 28	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>idress</u> :	₩ 6 × 7 × 1	
	6659 83rd Ave North				
	NEW Registered Office Address:			**************************************	
	Pinellas Park	3378			
the cha agent was/w the art	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	ws of the the reg ability of	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is a writing of this change.	ee to ac perform d for in hereby c	et in this capa nance of my a Chapter 605, confirm that t	raity. I further caree to comply with the	