

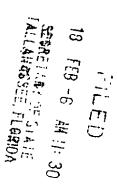
(Re	questor's Name)					
(Address)						
(Ad	dress)					
(Ćit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



300308405133

02/05/18--01016--010 **25.00



• .	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Global Name	Widget LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kevin Collins	
Name of Person	
Global Widget	
Firm/Company	
15941 N. Flunida Address	Ave
Lutz FL 33549 City/State and Zip Code	9
Tampakevin44 @hotma;	1. com
E-mail address: (to be used for future annua	
For further information concerning this matter, p	lease call:
Kevin Collins Name of Person	at (813) 486-4262 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
\$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. Name of the limited liability	company:G_(o_\	oal Wi	dget	LLC	
2. (a) 15941 N. F. Principal office address			5941 Mailing	N. F(o-1 address of limited liab MAY BE POST OF	ility company:
Lutz FL	33549		Lutz	FL 33	3549
4/8/16		<u>し</u>	16000	0070050	<u> </u>
	gistration in Florida	4.		ment number	
5. (a) Stacy Registered Agent and Registered	Lendueles Pr	٦			
		ie Florida Dept. o	of State:		
	. Florida Ave				
Registered Office Address 1	MUST BE FLORIDA STREET A	DDRESS)			
Tampa	FL 33613				
ı	, FL			产组	1 8
					<u></u>
(b) Led Br	ick Invest me	2773 (((\$ 50 \$ 70 \$ 70 \$ 70 \$ 70 \$ 70 \$ 70 \$ 70 \$ 7	œ <u>∵</u>
Enter name of NEW Registere	d Agent and/or NEW Registered C	Office address:		III	-6 A
15941 A	J. Florida Au	Ł		E OF A	至 三 三 30
NEW Registered Office Addre	ess:			Ď. A	 ည
Lutz T	= 33549		····	C	5
	, FL_				
If the limited liability company is the change or changes are made, agent will be identical. Or, in the was/were authorized by an affirm the articles of organization or the	the Florida street address of to case of a Florida limited lial native vote of the members of	the registered bility compan `the limited li	office and the office and the office and the office ability company.	he business office by confirmed that to bany or as otherwi	of the registered the change(s)
	2	K	Levin	d or typed name of sig	
	epresentative of a member				
I hereby accept the appointment provisions of all statutes relative the obligations of my position as to merely reflect a change in the notified in writing of this change.	to the proper and complete pregistered agent as provided registered office address, I h	ee to act in thi performance of for in Chapte ereby confirm	is capacity. of my duties, er 605, F.S. that the lim	I further agree to and I am familiar Or, if this docume aited liability comp	comply with the with and accept on is being filed pany has been
Signature of Registered Appell	,				