116000072570

(Requestor's Name)		
(Ad	dress)	
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(
	(a) (a)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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11/15/2017

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:
Name: Merritt Knickle
Reference #:
Entity Name: GLOBAL TELECOM EXCHANGE LLC
Articles of Incorporation/Authorization to Transact Business
Amendment
✓ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitous Name
Other
3
Authorized Amount: \$2,5
Signature:

*** CORPORATE HQ COGFNCY GLOBAL INC 10 E 4C ST, 10 "FL NY, NY 10016 800.221.0102 +1.212.947.7200 **@EUROPEAN HQ**

COGENCY GLOBAL (UK) HIMITED REGISTERED NESCHAND A WALES REGISTRY MODOW 6 BEVIS MARKS, PEL LONDON ECBA JBA 444 (0)20,3786,1090 ASIA PACIFIC HQ



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

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	TELECOM EXCHANGE LLC
2. (a)	19670 NW 27TH AVE	(b)	19870 NW 27TH AVE
w. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI GARDENS, FL 33056	<u> </u>	MIAMI GARDENS, FL 33056
		_	L16000072570
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REILLY, BRIAN		
J. (a	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:
	19670 NW 27TH AVE		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	MIAMI GARDENS , FL	330	56
(b)			
	Enter name of NEW Registered Agent and/or NEW Realstered	Office addr	as :
	115 North Calhoun Street, Suite	4	
	NEW Registered Office Address:		
	Tallahassee , FL	323	
the chagent	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registe iability corr of the limit	pany, it is hereby confirmed that the change(s) the company or as otherwise provided in bility company. Brian Reilly
	lature of a member or authorized representative of a member	-	Printed or typed name of signee
I her provi the oi to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act li e performar ed for in Ch hereby con	n this capacity. I further agree to comply with the ice of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	/S/ Tim Mayville		
Signa	ture of Registered Agent Tim Mayville, Assistant Sc	•	
	Division of Corporations P.O.	Box 6327 •	Tallahassee, FL 32314

FILING FEE: \$25.00