## L16000182123

(Requestor's Name)								
(Requestors Name)								
(Address)								
, , ,								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
(Boodine (Valuaci)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								



4.



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## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJI	ECT: Global Financial Advisory, LLC								
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offi	ice Change and i	fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	is matter to the f	following:						
Shile	o Nicholson								
	Name of Person		_						
		•							
Glob	al Financial Private Capital, LLC								
	Firm/Company		_						
501 N	N. Cattlemen Rd. Ste. 106								
	Address								
Sara	sota, FL 34232								
••	City/State and Zip Code		<del></del>						
tkoı	ncick@gf-pc.com								
1	E-mail address: (to be used for future ann	iual report notifi	cation)						
For fu	rther information concerning this matter,	please call:							
Shilo	Nicholson	941 at (	702-8209						
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:	MA	AILING ADDRESS:						
	Registration Section	gistration Section							
	Division of Corporations	vision of Corporations							
Clifton Building P.O. Box 6327									
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									
	□ \$25 Filing Fee	<b>IXI</b> \$5	5 Filing Fee & Certified Copy						
INHSI	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. Na	me of the limited liability company: Global Financi	ial Advi:	sory, LLC				. <u> </u>
2. (a)	501 N. Cattlemen Rd. Ste. 106	(b	501 N.	. Cattleme	en Rd. St	e. 106	
o. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	, <u> </u>	_			ility company: FICE BOX)
	Sarasota, FL 34232	_	Saraso	ota, FL 34	1232		
	09/29/2016		L1600018	32123			
3. 5. (a)	Date of filing/registration in Florida CT Corporation System	4.		Docume	nt numbe	F	
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	nte:			
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRESS	<u>.                                    </u>	_			
	Plantation, FL	33324		_	<u> </u>	, C3	
(b)	Teresa Koncick			<del></del>	ECRE	- इड - इड्र	<b>1</b>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				TARY OF ASSEE. F	€-2 P	
	NEW Registered Office Address:			<del></del>	101. 41.S		U,
	501 N. Cattlemen Rd. Ste. 106	_		_	AGE A	5: 04:	
	Sarasota , FL	34232	2				
the cha agent v was/we the art:	imited liability company is not organized under the lange 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 or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agings 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 din writing of this change.	f the reginability confirmation of the limited	stered offi ompany, it hited liabil liability co	ce and the is hereby ity company.  Printed of	business confirme ny or as o fr typed nar	office ed that otherwi	of the registered the change(s) ise provided in