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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 60BA ARADA & Ferrer 2030 LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Niurka FERRER Name of Person				
Global Arawa & Ferrer 2030 LLC Firm/Company				
4001 UW 3 STREET Address				
Hiaui, Fl. 33126 City/State and Zip Code				
Perrer. 63@ hot Haik. CoH. E-mail address: (to be used for future annual report n	otification)			
For further information concerning this matter, please call:				
Diorka Ferrer at (30) Name of Person	5) 905 71 65 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	\$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: Gobal AR	ANAR Ferre	er 2030 LLC
2. (a) 4001 NW 3 STREET Highli, Fl 33126 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>4001</u>	Nw 35 Treet Hiari, Fl 33126 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida		000202701 Document number
5. (a) Vivkka Ferrer Registered Agent and Registered Office shown on the records of the HOOLNW 3 STREET MIANI, FL 3312 Registered Office Address (MUST BE FLORIDA STREET A. 4001 NW 3 ST	6 DDRESS) 33126	16 DEC 19 AM 11: 4.9 JUNISION OF CARE STATES
, FL		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered offi bility company, it the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the property of	ee to act in this ca performance of m I for in Chapter 61 ereby confirm tha	Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00