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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations
SUBJECT: TEAM GLOBAL HOUSE 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:
PAUL GERARD GABE, JR. Name of Person
TEAM GLOBAL HOUSE, LLC Firm/Company
2893 EXECUTIVE PARK, SUITE 201
WESTON F-L 33331-3608 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAUL G. GABE, JR. at (786) 253 - 0958 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

Tallahassec, Florida 32314

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,	Na	ime of the limited liability company: TEAM GLOBAL HOUSE LLC
2.	(a)	2893 EXECUTIVE PARK DRIVE(b) 2893 EXECUTIVE PARK DRIVE Principal office address of limited liability company: Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		Suite 201 Suite 201
		WESTON, FL 33331-3608 WESTON, FL 33331-36
		02/27/2017 117000046397
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	PAUL GERARD GABE, JR.
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		2690 WESTON KOAD
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Svite 200
		WESTON FL 3333/-3608
	(b)	
	(+)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		2893 EXECUTIVE PARK DRIVE NEW Registered Office Address:
		Suite 201
		50.000
		WESTON FL 33331-3608
the age was	cha nt w s/wc	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization of the operating agreement of the limited liability company.
$\frac{1}{s}$	ignat	ure of a member or authorized representative of a member Printed or typed name of signor
I h	erel	by accept the appointment as registerest agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ity reflect a change in the registered office address. I hereby confirm that the limited liability company has been fin writing of this change.
Sig	កនាំប	re of Registered Agent
		Division of Computationes P.O. Pou (227- Tallabours D. 2221)

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00