117000661

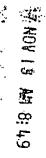
(Red	questor's Name)	"
(Add	dress)	_
(Add	dress)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





000305007890

11/13/17--01016--022 **25.00



NOV 1 4 2017 Y SLULKER

COVER LETTER

TO: Registration Section Division of Corporations		
GLOBAL HOME SERVICES, LI	_C	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Name of Person	<u>=NT</u>	
FIVE STAK MON Firm/Company	Key Inc	
PO BOX 3030/ Address		
Fort LANDINATED FO City/State and Zip Gode	33303	
E-mail address: (to be used for future annual in	report notification)	
For further information concerning this matter, please call:		
DAVE VINUENT a Name of Person	t (.4/5) 990 1629 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:

2. (a) 5/162 NE 67 ME #3/3 (b)

2. (a)	5/62 NE 67 AVE # 3/3 (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DAMIAND PANK, IL	
	33334	
· C	- 28 July. 20Ff -	L17000161611
3.5. (a)	Date of filing/registration in Florida 5/67 A/E 6 A A # 3/3	Document number
(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta Obliano Dank H 33344	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	, FL	- Plus sin s
(b)	DAND VINUAT	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	
	, FL	
the char	mited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered office	ce and the business office of the registered
was/we	vill be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liability co of organization or the operating agreement of the limited liability co	ty company or as otherwise provided in
- /	n N M	MAY NEWBONT
-	ure of a member or authorized representative of a momber	Printed or typed name of signee
ı neret provisiç	y accept the appointment as registered agent and agree to act in this ca ons of all statutes relative to the proper and complete performance of my	pacity. I juriner agree to comply with the duties, and Lam familiar with and accept

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registared Meent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314