

L18 0000 11868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800332842198

08/16/19--01022--035 **25.00

FILED
2019 AUG 16 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 26 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

GLOBAL GSM & WIRELESS, LLC

SUBJECT: _____
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:

GINA LARA-BASTIDAS

Name of Person

GLOBAL GSM & WIRELESS, LLC

Firm/Company

1000 COLONY POINT CIRCLE NO. 410

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

SALES@GLOBALGSMUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL B. DONLIN

917

601-6213

at (_____) _____

Name of Person

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

**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.

GLOBAL GSM & WIRELESS, LLC

1. Name of the limited liability company: MICHAEL B. DONLIN GINA LARA-BASTIDAS

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

1000 COLONY POINT CIRCLE NO.410

PEMBROKE PINES, FL 33026

01/12/2018

L18000011868

3. Date of filing/registration in Florida 4. Document number
MICHAEL B. DONLIN

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1000 COLONY POINT CIRCLE NO.410

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

PEMBROKE PINES 33026
, FL

GINA LARA-BASTIDAS

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

, FL

FILED
2018 AUG 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

M B D

MICHAEL B. DONLIN

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

GINA LARA-BASTIDAS
Signature of Registered Agent