

L18 000 176144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

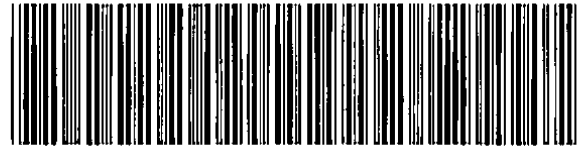
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300332840813

08/14/19--01022--005 \*\*35.00

2019 AUG 14 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 21 2019  
C. H. H. H.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBALCOM MIAMI 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:

RUBEN DARIO JUAREZ

Name of Person

GLOBALCOM MIAMI LLC

Firm/Company

10118 HW 33 PLACE

Address

SUNRISE / FLORIDA / 33351

City/State and Zip Code

globalcom.miami@gmail.com

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

For further information concerning this matter, please call:

RUBEN D. JUAREZ

Name of Person

at ( 786 ) 212 - 7753

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.

1. Name of the limited liability company: GLOBAL COM MIAMI LLC

2. (a) 10118 NW 33 PL Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

SUNRISE, FL, 33351

(b) 10118 NW 33 PL Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

SUNRISE, FL, 33351

07/23/2018

3. Date of filing/registration in Florida

L 18000176149

4. Document number

5. (a) UNITE STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 36

ORLANDO

32822

, FL

(b) RUBEN D. JUAREZ

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

10118 NW 33 PL

**NEW Registered Office Address:**

SUNRISE, FLORIDA, 33351

, FL

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.

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.

Signature of Registered Agent

2018 AUG 14 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA