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To:

Division of Corporations Fax Number : (850)617-6383

From:

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To: 18506176383

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.

(a)		(b)	· · · · · · · · · · · · · · · · · · ·
	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	y:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	08/17/2018		00197992
	Date of filing/registration in Florida	4.	Document number
(a)	GLOBAL ADMINISTRATIVE SERVICES, LLC		
()	Registered Agent and Registered Office shown on the reco		
	4623 NW 84TH AVE		
	4623 NW 84TH AVE Registered Office Address <u>(MUST BE FLORIDA STR</u>	LEET ADDRESS)	
	Registered Office Address (MUST BE FLORIDA STR		2025
(b)	Registered Office Address (MUST BE FLORIDA STR		FI 2025 JAN 3 SECOT 14 FALL ARD
(b)	Registered Office Address <u>(MUST BE FLORIDA STR</u> DORAL	_, FL_33166	FILE
(b)	Registered Office Address <u>(MUST BE FLORIDA STR</u> DORAL Northwest Registered Agent LLC	_, FL_33166	
(b)	Registered Office Address <u>(MUST BE FLORIDA STR</u> DORAL Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	_, FL_33166	ED AN 9: 1
(b)	Registered Office Address <u>(MUST BE FLORIDA STR</u> DORAL Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> 7901 4th St N	_, FL_33166 stered Office address:	ED AM 9: 15 EE. FLORIDA

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

Nat Smith

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.

Taylor Newman Assistant Secretary سعام

Signature of Registered Agent

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