## L19 0000 42028

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## COVER LETTER

Division of Corporations	
Global Crossways Enterprises, LLC SUBJECT:	
Name of Limit	ed 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:
Andrew J. Creese	
Name of Person	<del></del>
Global Crossways Enterprises, LLC.	
Firm/Company	
2831 NE 185th St., Unit 603	
Address	
Aventura, Florida 33180	
City/State and Zip Code	
Andrew Green Congression of GLOBALCROSSIN	124546611AL.com
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call	:
	4164,
Andrew J. Creese 305	389- <del>6164</del> 44C
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
<b>★</b> \$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 one,511! or 605,0116, Floria. Statutes, the undersigned timined liability company submits the following statement in order to change its registered of the or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Global Crossways	Enterprises, LLC.	<u>.                                    </u>	
2. (a)	2831 NE 185th St., Unit 603, Aventura, Florida 33180	(b) 2831 NE 185th St., Unit 603, Aventura, Florida 33180		
. (,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2 <b>0 1</b> 9 11 February <del>29 10</del>	L.19000042	2028	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			_	
	Registered Agent and Registered Office shown on the records of t 13302 Winding Oak Ct., Unit A	the Florida Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	_	
	Tampa, FL,	33612		
(h)	Andrew J. Creese			
Enter name of NEW Registered Agent and/or NEW Registered Office add		Office address:		
	2831 NE 185th St., Unit 603		8: ·	
	NEW Registered Office Address:		- 55	
	Aventura, FL	33180	<del></del>	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered office ar bility company, it f the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provis the obi to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h afin writing of this change.	ve to act in this cap verformance of my I for in Chapter 60, vereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
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