

| (Requestor's Name) | | | | | | |
|---|--------|------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | TIAW [| MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| Division of Corporations | |
|--|---|
| Global Resources Organization | |
| | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| JEHRICA J VASQUEZ | |
| Name of Person | |
| GLOBAL RESOURCES ORGANIZATION | |
| Firm/Company | |
| 1840 RHINEHART ROAD UNIT 245 | |
| Address | |
| SANFORD, FLORIDA 32771 | |
| City/State and Zip Code | _ |
| info@globalresourcesorganization.com | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please of | eall: |
| | 52 5310368 |
| 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 | t: |
| ☑ \$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.

| I. N | ame of the limited liability company: Global Reso | urces Or | janization | | | |
|------------------------------|--|--|--|--|--|--|
| 2. (a) | 1840 RHINEHART ROAD UNIT 245 | (b) | (b) 1840 RHINEHART ROAD UNIT 245 | | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ("/ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SANFORD FLORIDA 32771 | | | |
| | SANFORD, FLORIDA 32771 | | | | | |
| | SANTOND, I CONIDA 32111 | | SANFORD FLORIL | JA 32771 | | |
| | 03/25/2019 | լ | 19000082463 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document n | umber | | |
| 5. (a) | JEHRICA J VASQUEZ | | | | | |
| (11) | Registered Agent and Registered Office shown on the records of 1840 Rhinehart Road Unit 245 | the Florida | Dept. of State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | 188 E CRYSTAL LAKE AVE 252 | | | 20 | | |
| | LAKE MARY | 32746 | | 2019 C | | |
| (b) | JEHRICA J VASQUEZ | | | 27.24 | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | d Office add | <u>ress</u> : | <u> </u> | | |
| 1840 RHINEHART ROAD UNIT 245 | | | | ⊼: 5 | | |
| - (| NEW Registered Office Address: | | | 9 | | |
| • | - JEHRICA J VASQUEZ | | | | | |
| | SANFORD F | 32771 | | | | |
| the cha agent : was/w | imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the regist inhility con of the limi e limited li | ered office and the busi upany, it is hereby cont ted liability company or | iness office of the registered firmed that the change(s) | | |
| Signa | ture of a manufactor authorized representative of a member | · | Printed or type | ed name of signee | | |
| provis the ob to mer | by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change | ree to act i e performa ed for in C hereby coi | n this capacity. I furth nce of my duties, and I d hapter 605, F.S. Or, if d afirm that the limited lid | er agree to comply with the am familiar with and accept this document is being filed ability company has been | | |
| Signate | re of Registered Agent | | | | | |