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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GLOBAL SHEIN LLC	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Romina Costamagna	
Name of Person	
GLOBAL SHEIN LLC	
Firm/Company	
824 LEXINGTON Ave. Apt #3K	
, Address	
Brooklyn, NY 11221	
City/State and Zip Code	
admin@financers.com.ar	
E-mail address; (to be used for future annua	l report notification)
For further information concerning this matter, pl	lease call:
Romina Costamagna	at (858) 926-7345
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 Tallahassec, Florida 32314
Enclosed is a check for the following an	mount:
☑ \$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.

l. Na	me of the limited liability company: GLOBAL SHEIN LL	.C					
2. (a)	3500 GATEWAY DR #101	(ls i	3500 GAT	EWAY DR #10) I	•
(117)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u>		
	POMPANO BEACH. FL 33069	_	-	POMPAN	O BEACH, FL	33069	
	June 16 2021	_	I	210002810	058		
3.	Date of filing/registration in Florida	4.	_	2,0002070	Document n	number	
	ACURATE CONCEPTS CONSULTING				Trive (triterit ii		
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florie	la I	lent of State			
	3500 GATEWAY DR 33069 #101	CINTR		zepi, or man	ις,		
	Registered Office Address (MUST BL FLORIDA STREET AL	(DDRESS)			_	20 :	
	POMPANO BEACH				_	24 N	annigeng
	FL. ³	33069			_	2024 NOV 2 SECKÉTÁN TALLÁH	1 ;
(b)	Registered Agents Inc					25 PH	FILED
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	<u>)ffice a</u>	ddr	r <u>ess</u> :	_	2: 45 STATE E, FL	O
	7901 4th St N						
	NEW Registered Office Address:			-	_		
	STE 300				_		
	St. Petersburg	33702			_		
the cha agent w was/we the arti	imited liability company is not organized under the law; inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of teles of organization or the operating agreement of the lianguage Kaplansky	he reg pility of the li imited	gist con mit Hia	ered offic npany, it i ed liabilit	e and the bus is hereby con ty company o mpany.	siness office of th firmed that the c	e registere hange(x)
Signal	ture of a member or authorized representative of a member				Printed or typ	ed name of signee	
provisi The obl To mere Tatifie	by accept the appointment as registered agent and agre ions of all stanues relative to the proper and complete p igations of my position as registered agent as provided ify reflect a change in the registered office address. The f in writing of this change. David Roberts - Assistant Sec	erfori for in ercby	nai Ci coi	ace of my	duties, and I	am familiar witl	i and accer

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent