Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	···· <u>-··</u> ·		<del> </del>
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## LLC REGISTERED AGENT CHANGE GLO CAPITAL, LLC

Certificate of Status	0
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4/26/2024 13:02:33 PDT To: 18506176383 Page: 2/2 Fex: 8134365206

## 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. N	Tame of the limited liability company: GLO CAPITAL,	LLC				
2. (a)		(b)				
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)			
	08/29/2022		2000376230	<del></del> <del></del>		
3.	Date of filing/registration in Florida	4.	Document numbe	i.		
5. (a	VENERABLE CORPORATE AND TRUST SERVICE					
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET	·				
	301 W PLATT ST, NO.657	<u> </u>				
(b)	TAMPA, FI	33606		~		
	REGISTERED AGENTS INC			7024 <i>1</i> .28		
	Enter name of NEW Registered Agent and/or NEW Registered	<u></u> <u>5\$</u> :				
	7901 4TH ST N		26 FH			
	NEW Registered Office Address:					
	STE 300			3 3 3		
		33702		·		
chang agent was/w the ar	limited 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 liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lawer for authorized representative of a member	ws of the State registered cability compost the limite	office and the business office and the business office any, it is hereby confirmed dliability company or as of ility company.	ce of the registered I that the change(s) Therwise provided in		
I here provis the ob- to men notifie	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ee to act in performanc d for in Cha hereby confi	this capacity. I further agr e of my duties, and I am far pter 605, F.S. Or, if this de rm that the limited liability	ree to comply with the miliar with and accept ocument is being filed company has been		
وار لي	vid X-poerts David Roberts					
Signat	ure of Registered Agent					