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Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (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.

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LLC REGISTERED AGENT CHANGE GLOBAL TEXTILE TRADING FLORIDA LLC

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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	ame of the limited liability company:	ding Florida LL	TC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	08/21/23	- <u> </u>	0000390715
3.	Date of filing/registration in Florida	4.	Document number
5. (a		~	
	Registered Agent and Registered Office shown on the records of t	he Florida Dept	ot, of State.
	15382 GREEN RIVER CT.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	DELRAY BEACH, FL	33446	
(b)	Registered Agents Inc		2023 NOV 27
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		<u></u>
	NEW Registered Office Address:		PH STA
	STE 300	····	
	St. Petersburg FL.	33702	08
the ch agent was/w the art / Sign:	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the florida member or authorized representative of a member or by accept the appointment as registered agent and agree	ts of the State the registerer bility compa f the limited limited liabil Robin Jor	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. Printed or typed name of signee this capacity. I further agree to comply with the
provis the ob to mer	tons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided will reflect a change in the registered office address. I h d in writing of this change.	performance I for in Chap ereby confir	e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	David Roberts - Assistant Se	cretary	