2/003

Fax Server



Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in oragent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited der to change its registered office or registered				
1. Name of the limited liability company:GLOB	AL BUSINESS INITIATIVES GLC				
2. (a) Principal office address of limited liability compa	ny:				
(Note: MUST BE STREET ADDRESS)					
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)					
06/09/1999	L99000003318				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	·				
Registered Office Address:					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 East Broward Blvd. Suite 1500 Fort Lauderdale ,FL33301				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.				
Haas A. Hatic Printed or typed name of signee	<u> </u>				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapter 608, H.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.				
Signature of Registered Agent					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00