M06000002084

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
M06-2084 (Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					
,					

Office Use Only



700084688147

01/17/07--01015--017 **35.00

O7 JAN 29 PM 1:57
SECRETARY OF STATE
AND AHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GLOBAL DISTRIBUTION LL	.c			
(Name of Lin	nited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
JOHN R COMPETIELLO				
(Name of Person)				
GLOBAL DISTRIBUTION LLC				
(Firm/Company)				
708 Moray Drive	·			
(Address)	· · ·			
INVERNESS,FL 34453				
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
JOHN R COMPETIELLO	at (
(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:			
\$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 608.416 or 608.508, 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. The name of the limite	d liability company i	s: GLOBA	AL DISTRIBUTION	LLC		
2. The mailing address of						
708 MORAY DRIVE, INVERNESS,FL 34453						
			M06000000	١٥٨		
4/12/06 M0600002084 3. Date of filing/registration in Florida 4. Document number						
3. Date of Hinig/registration in Piorida 4. Document number						
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:						
Tiorida Department of		TION SERV	VICE COMPANY			
Name 1201 HAYS STREET						
Address TALLAHASSEE, FL 32301-2525						
City, State and Zip						
6. The name and address of the new registered agent and/or office: JOHN R COMPETITIO						
Name 708 MORAY DRIVE						
	Florida street addre	ess (P.O. Bo	x NOT acceptable)	: 57 ATE ORID		
	INVERNESS	FL	34453	<i>→</i>		
	City,	State and 2	Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.						
(Signature of a member of authorized representative of a member)						
JOHN R COMPETIELLO	member					
(Printed or typed name of signee)						
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. of the address, I hereby and I am familiar with a chapter 608, F.S. of the address, I hereby and I address.	ntment as registered s of all statutes related d accept the obligation his document is bein Hasthe limited liabi	agent and of the property of the total and of the property of the total and the total	agree to act in this coper and complete position as registered erely reflect a chang y has been notified	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.		
(Signature of Registered Agent)						
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00