Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H210003330043)))



H210003330043ABCQ

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

LLC REGISTERED AGENT CHANGE GLOBAL WPS, LLC

Certificate of Status	0
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Corporate Filing Menu

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September 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GLOBAL WPS, LLC 9823 CINCINNATI-DAYTON ROAD WEST CHESTER, OH 45069

SUBJECT: GLOBAL WPS, LLC

REF: M11000000563

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Valerie Herring FAX Aud. #: H210003333004 Regulatory Specialist III Letter Number: 021A00021988

INH\$18 (2/14)

(((H21000333004 3)))

		COVER LETTER	(((H21000333004 3)))
TO:	Registration Section Division of Corporations		
er i i i	GI.	OBAL WPS, LLC	
SUDI	ECT:	Same of Limited Liability Co	ompany
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered (Office Change and fee(s) are	submitted for filing.
	e return all correspondence concerning	_ ,,,	· ·
r icasi	e resum un correspondence concerming	ma marrer to me following.	
	Patti Sillyman		
	Name of Person		
	InCorp Services, Inc	•	
	Firm/Company		
	3773 Howard Hughes Pkwy.	Suite 500S	
	Address		
		.044	
	Las Vegas, NV 89169-6 City/State and Zip Cod		
	•		
	managedreports@incorp. E-mail address: (to be used for future:		
For fi	urther information concerning this mat	ter, please call:	
Patti	Sillyman	800-246-2677 at	
	Name of Person	Area Co	ode & Daytime Telephone Number
	Mailing Address:		Address:
	Registration Section		ration Section
	Division of Corporations		on of Corporations
	P.O. Box 6327		entre of Tallahassee
	Tallahassee, FL 32314		N. Monroe Street, Suite 810
		nalla i	assee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	☑ \$25 Filing Fee	☐ \$55 Filing 1	Fee & Certified Copy

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

(((H21000333004 3)))

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.

?. (a)	Principal office address of limited liability company:	(b)
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)
	9823 Cincinnati-Dayton Road	West Chester, OH 45069
	West Chester, OH 45069	
	02/04/2011	M11000000563
	Date of filing/registration in Florida	4. Document number
(a)	ETHERIDGE, BETH	
. (–)	Registered Agent and Registered Office shown on the records of 1066 SW ESTAUGH AVENUE	
	Registered Office Address	TADDRESS) 34953 TADDRESS) TADDRESS)
	PORT ST. LUCIE , F	7L 34953
(b)		
	Enter name of NEW Registered Agent and/or NEW Registery	ed Office address:
	17888 67th Court North	
	NEW Registered Office Address:	
		-
	Loxahatchee	FL33470
he cha gent v vas/w	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the regis liability company, it is hereby confirmed that the change(s of the limited liability company or as otherwise provided the limited liability company.
?)	rent	Tracy Jamison
	ature of a member or authorized representative of a member	Printed or typed name of signee
-		
I here provis he obi o mer	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, ad in writing of this change.	gree to act in this capacity. I further agree to comply with te performance of my duties, and I am familiar with and a led for in Chapter 605, F.S. Or, if this document is being I hereby confirm that the limited liability company has be