(Requestor's Name)
(Address)
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(Document Number)
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JINIS OF COUNTRY THE CONTRACT OF STATE

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Phone: 850-558-1500

ACCOUNT NO.	: 12000000195						
REFERENCE	:						
AUTHORIZATION	:						
COST LIMIT	: \$ 25.00						
ORDER DATE : 10/20	agril France						
ORDER TIME :	V - BILL						
ORDER NO. :							
CUSTOMER NO:							
CHANGE OF AGENT							
NAME:							
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY							
CONTACT PERSON:							

EXAMINER'S INITIALS:

## 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: GLOBAL HOL	DINGS F	LORIDA LLO	;	
2. (a)		,	(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited (Note: MAY BE POST	
	15 W. 6th Street SUITE 1600		15 W. 6th	Street SUITE 1600	
	Tulsa, OK 74119		Tulsa, OK	74119	
	10/29/2012		M1200000	6079	
3.	Date of filing/registration in Florida	4.		Document number	
د					<b>y</b> .
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of State	:	197P? 01<410 85. 3.
	BUSINESS FILINGS INCORPORATED		•		12. 120 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 17. 20 1
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				12 第1
	1200 South Pine Island Road			·· (ごう	
	Plantation	FL_33324		•	# A S
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	Enter name of NEW Registered Agent and/or NEW Register  Corporation Service Company  NEW Registered Office Address:	ed Office a	agress:		
	1201 Hays Street				
				-	
	Tallahassee	FL_32301			
change agent was/w	limited liability company is not organized under the I or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registe liability c s of the li	red office and ompany, it is mited liability	I the business office of hereby confirmed the company or as other	of the registered at the change(s)
/S	/ Allison Newfield Haney	All	ison Newfield	Haney, Member	
	ature of a member or authorized representative of a member			Printed or typed name of	-
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, ad in writing of this change.	gree to ac le perforn led for in I hereby d	et in this capa nance of my a Chapter 605 confirm that t	ecity. I further agree luties, and I am Jamil. F.S. Or, if this docu he limited liability co	to comply with the iar with and accept ment is being filed mpany has been
Signati	Indea Cokubly ure of Registered Agent				
_	ce E. Kirby, Asst. Vice President				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 COA-566194 FILING FEE: \$25.00