GLOBAL HOLDING AND INVESTMENT COMPANY, LL.C.  FILED  OO AFR 10 AH 9: 20  SECRETARY OF STATE TALLARIASSEE, FLORIDA  SPRASSAC AVENUE TARRED IN 07004-2000  SUMM. APPRILO IN 07004-2000  SUMM. AP	2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # M9800001383				The second secon
Principal Pice of Business 375 RASSAC AVENUE FARRIED NJ 07004  2. Principal Place of Business  Suite, Apr. 4, etc.  City & State	,				FILED ***
975 PASSAIC AVENUE FARRIED IN 07004  2. Finicipal Place of Business  Sulle, Apt. #, etc.  City & State  City & State  A. FIEI Number 22-3552 108  DO NOT Writte in This strace  DO NOT Writte in This strace  CLAYTON, W. ANDREWS JR 1800 SECOND STREET, SUITE 880  SANASOTA FL. 3428  CITY FL. 2428  CITY FL. 2428  CITY FL. 2428  SIGNATURE  SIGNAT					00 APR 10 AM. 9: 20 💯
Suite. Apt. 4, etc.  City & State  City & St	375 PASSAIC AVENUE 375 PASSAIC AVENUE				SECRETARY OF STATE
Surie, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  City & State  Country  Country  City & State  Country					
City & State  Country  Country  S. Certificate of Status Decired  S. S.O. Administration  For Personal Country  S. Certificate of Status Decired  S. S.O. Administration  For Personal Country  S. Certificate of Status Decired  S. Country  S. Certificate of Status Decired  S. S.O. Administration  Syrect Address (P.O. Box Number is Man Applicate)  Name  Street Address (P.O. Box Number is Man Applicate)  Served Address (P.O. Box Number is Man Applicate)  S. City  F.L. Zip Code  S. Tip Code  S. Country  S. Certificate of Status Decired Agent  S. Certificate of Status Decired	Principal Place of Business     3. Mailing Address			0	
Zip Country Zip Country S. Certificate of Stratus Desired S. S. O. Additional Face Required  6. Name and Address of Current Registered Agent — 7. Name and Address of New Registered Agent — 19. Name  CLAYTON, W. ANDREWS JR 1800 SECOND STREET, SUITE 880  SARASOTA FL 34236  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  10. ADDITION	SAI			7	
6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name  CLAYTON, W. ANDREWS JR 1800 SECOND STREET, SUITE 880  SARASOTA FL 34236  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Dignature, hyped or private name of registered agent should be applied to Department of State   Dignature, hyped or private name of registered agent should be applied to Department of State   Signature   Dignature, hyped or private name of registered agent should be applied to Department of State   Signature   Dignature, hyped or private name of registered agent should be applied to Department of State   Signature   Dignature, hyped or private name of registered agent should be applied to Department of State   Signature   Dignature   Digna				Country	22-3552108 Not Applicable
CLAYTON, W. ANDREWS JR 1800 SECOND STREET, SUITE 880 SARASOTA FL 34236  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent and the reportation.  (NOTE registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent and the reportation.  (NOTE registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printer serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or	Zip				Fee Required
1800 SECOND STREET, SUITE 880 SARASOTA FL 34236  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florda.  SIGNATURE  Signature, open or protect name of registered agent agen			ent negistered Agent		7. Name and Address of New Negistered Agent .
Experiment of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or prired name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalting):    FILE NOW!!! FEE IS \$50.00     Make Check Payable to Department of State   9.   MANAGING MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS / MEMBERS   10.   ADDITIONS / CHANGES     9.   MANAGING MEMBERS / MEMBERS / MANAGE     10.   ADDITIONS / CHANGES     10.   ADDI	1800 SECOND STREET, SUITE 880			Street Addres	s (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or privated name of registered agent and title it applicable.  NOTE Registered Agent signature required when reinteducting)  PARE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE  ARME  JONES, JOSEPH K  STREET ABDRESS  GITY-81-72P  TITLE  ARME  STREET ABDRESS  GITY-91-72P  TITLE  ARME  STREET ABDRESS  GITY-91-72				City	/ / / / / / / / / / / / / / / / / / /
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information A	Deloto	TITLE NAME STREET ADDRESS CITY-ST-ZIP  YITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition