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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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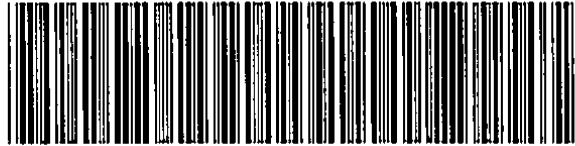
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: Global Poverty Reduction Initiative Inc
Name of Corporation

DOCUMENT NUMBER: N14000009619

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Burck
Name of Contact Person

Global Poverty Reduction Initiative, Inc.
Firm/Company

5939 SE 14th St
Address

Sumnerfield FL 34491
City/State and Zip Code

laura0424@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Burck at (352) 245-4162
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GLOBAL POVERTY REDUCTION INITIATIVE INC

2. The principal office address: 5939 SE 145th St
Summerfield Fl. 34491

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/16/2014 Document number: N14000009617

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


SAMAHINA CAWLEY
5101 SW 60th St. Rd Apt. 408
Ocala Fl. 34474

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LAURA BUTCHER
5939 SE 145th St
P.O. Box NOT acceptable
Summerfield Fl. 34491

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

LAURA BUTCHER
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity and to complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

7/13/17
Date

If signing on behalf of an entity:

LAURA BUTCHER
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314