P020000010468

(Re	equestor's Name)			
(Ac	idress)			
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(CII	ty/State/Zip/Phone	± #)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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John John

COVER LETTER

TO: Amendment Section Division of Corporations	·			
SUBJECT: Glob	pal Finance of America, Inc.			
	(Name of corporation)			
DOCUMENT NUMBER: P02	000070468			
The enclosed Statement of Change of Reg	gistered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerni	ng this matter to the following:			
	Phil Sheesley (Name of contact person)			
	(Name of contact person)			
Globa	al Finance of America, Inc.			
	(Firm/Company)			
150 2	nd Ave. N. Suite 400 (Address)			
St Petersburg, FL 33701				
(City/state and zip code)				
For further information concerning this m	atter, please call:			
Phil Sheesley	at (727) 459-6017			
(Name of contact person)	at (727) 459-6017 (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on Amendment Section prations Division of Corporations 409 E. Gaines Street			

CR2E045(6/04)

FILE

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

•		t, 607.1508, or 617.1508, Florida Statute zed under the laws of the State ofFlo	s, this orida	
in order to change its reg	ristered office or register	red agent, or both, in the State of Florida	1.	
1. The name of the corporation:	f the corporation: Global Finance of America, Inc.			
2. The principal office address:	150 2nd Ave N. Suite 400			
	St. Petersburg, FL 33	3701		
3. The mailing address (if differen	t):			
4. Date of incorporation/qualificat	ion: 6/26/2002	Document number:P020000704	68	
5. The name and street address of Florida Department of State:	the current registered ag	ent and registered office on file with the		
	Moore, Steve W			
8200) Bryan Dairy Rd Suite	300		
	Largo, FL 33777			
6. The name and street address of t (if changed):	the new registered agent	(if changed) and /or registered office	ARY	
Des	sai, Akshay M Dr.		AM IO OF ST	
150 :	2nd Ave N. Suite 400		STATE FLORID	
.	(P.O. Box NOT acceptable)		庚	
St P	etersburg, FL 33701			
		ddress of the business office of its regis		
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted orporation has been not	by its board of directors or by an office ified in writing of the change.	er so	
brudn	N	Dr. Akshay M Desai CEO		
(Signature of an officer of direct I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar w document is being filed merely to corporation has been notified in the second of the se	as registered agent and e provisions of all statu ith and accept the oblic reflect a change in the writing of this change.	(Printed or typed name and title) I agree to act in this capacity, tes relative to the proper and complete gation of my position as registered ager registered office address, I hereby con	performance nt. Or, if this firm that the	
(Signature of Registered Ag		(Date)		
If signing on behalf of an entity:				
Dr. Akshay M Desai (Typed or Printed Name)				

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