

PD5D000041630

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GLOBAL DOCUMENT SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P05000041630

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:

THERESA KEATON

Name of Contact Person

GLOBAL DOCUMENT SERVICES, INC.

Firm/Company

1236 CHANNELSIDE DRIVE

Address

TAMPA, FL, 33602

City/State and Zip Code

TKEATON@TAMPABLUEPRINT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THERESA KEATON

Name of Contact Person

at ( 813 ) 223-7861

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2014

THERESA KEATON  
GLOBAL DOCUMENT SERVICES, INC.  
1236 CHANNELSIDE DRIVE  
TAMPA, FL 33602

SUBJECT: GLOBAL DOCUMENT SERVICES, INC.  
Ref. Number: P05000041630

We have received your document for GLOBAL DOCUMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

*You failed to list the current and new registered agent in part 5 and 6 of the for,.*

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 614A00019606

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 DOCUMENT SERVICES, INC.
2. The principal office address: 1236 CHANNELSIDE DRIVE, TAMPA, FL, 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/17/2005 Document number: P05000041630

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)

ANDREW P. KEATON, III

1319 N. FLORIDA AVENUE

TAMPA, FL , 33602

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

ANDREW P. KEATON, III

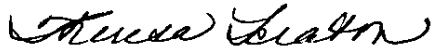
1236 CHANNELSIDE DRIVE

P.O. Box NOT acceptable

TAMPA, FL 33602

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

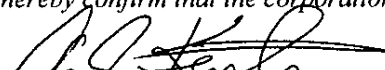
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

THERESA KEATON, PT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and 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

9/30/2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)

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SECTION 13  
14 OCT -3 AM 9:47  
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