## PD5000/62708

(Requesto	r's Name)
	}
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Pertificates of Status
	r 1
Special Instructions to Filing C	Officer:
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Office Use Only



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RA Charge J. Lews



01/20/06--01020--001 \*\*35.00

## **COVER LETTER**

TO: Amendment Se Division of Con		
SUBJECT: GLOBA	AL IMAGING COMPAI (Name of Co	NY INC. propration)
DOCUMENT NUMBI	ER:_P05000162708	
The enclosed Statement	i of Change of Registered Office	Agent and fee are submitted for filing.
Please return all corresp	condence concerning this matter	to the following:
PE	TER REITER	
į	(Name of Con	tact Person)
GLO	OBAL IMAGING COMP	ANY INC.
1	(Filli/Col	npany)
950	N. FERDERAL HWY. #	± 103
l	(Addre	
POM	MPANO BEACH FL 3300 (City/State and	
For further information	concerning this matter, please ca	II:
PETER REITER		at (954) 643 - 4154 (Area Code & Daytime Telephone Number)
(Name o	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 che	eck made payable to the Departn	ment 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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ange is submitted for a corporation organized under the laws of the State of FLORIDA
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: GLOBAL IMAGING COMPANY INC.
	office address: 950 N. FERDERAL HWY. # 103 POMPANO BEACH FL, 33060
3. The mailine a	address (if different):
4. Date of incorp	poration/qualification: 01-05-06 Document number: P05000162708
	d street address of the current registered agent and registered office on file with the rtment of State:
	MANOEL M. DA SILVA 至常 8
	OFFINE PROPERTY WAS POUR AND DEADLE IN 22000 FO
	*SSE 20 E
6. The name and	d street address of the new registered agent (if changed) and /or registered office
(if changed):	우리 <b>호</b>
	PETER REITER 23
	950 N. FERDERAL HWY. # 103 POMPANO BEACH FL, 33060
	(P.O. Box NOT acceptable)
	· · · · · · · · · · · · · · · · · · ·
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the corporation has been notified in writing of the change.
	Donos Dairez Dociden
	ure Care director director) (Printed or typed name and title)
I hereby accept I further agree	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this the filed merely to reflect a change in the registered office address, I hereby confirm that the these norms of this change.
of my duties, an document is bei	d I am familiar with and accept the obligation of my position as registered agent. Or, if this up filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has	Freen norfied in writing of this change.
·	700. 01-17-06
	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
(1	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 (8/05)