

P090000 29228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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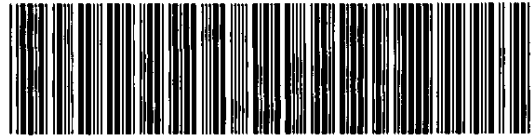
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2010

ROBERT C. REAGIN  
GLOBAL RESORT TRANSFER, INC.  
9155 S. DADELAND BLVD., SUITE 1712  
MIAMI, FL 33156

SUBJECT: GLOBAL RESORT TRANSFER, INC.  
Ref. Number: P09000029228

We have received your document for GLOBAL RESORT TRANSFER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the registered agent and an officer or director.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 410A00018041

REC-11  
10 AUG -2 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GLOBAL RESORT TRANSFER INC  
Name of Corporation

**DOCUMENT NUMBER:** P09000029228

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:

ROBERT C REAGIN  
Name of Contact Person

GLOBAL RESORT TRANSFER INC  
Firm/Company

9155 S DADELAND BLVD SUTIE 1712  
Address

MIAMI FL 33156  
City/State and Zip Code

rob@globalresorttransfer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROB REAGIN at ( 305 ) 671-8898 X106  
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 RESORT TRANSFER, INC.
2. The principal office address: 9155 S DADELAND BLVD SUITE 1712  
MIAMI FL 33156
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/31/2009 Document number: P09000029228

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)

PARKS, LARRY D

7460 SW 130 STREET

MIAMI FL 33156

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

ROBERT C REAGIN

9155 S DADELAND BLVD SUITE 1712

P.O. Box NOT acceptable

MIAMI FL 33156

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TALLAHASSEE, FLORIDA

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

ROBERT C REAGIN  
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

\_\_\_\_\_  
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 (8/05)