(Requestor's Name)	
(Address)	30016
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL (Business Entity Name)	02/22/10
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

2.231



8725063

)--01009--010 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Global Asset Negotiators INC.

Name of Corporation

DOCUMENT NUMBER: P0900097236

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:

Ronne Berry
Name of Contact Person

Global Asset Negotiators, Inc

Firm/Company

1 33 E 44 Ave

Address

F1. Landed Le 7/335/b

City/State and Zip Code

Ronne berry D Com (45t, Net)

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

For further information concerning this matter, please call:

| Rong | R

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

CR2E045 (8/05)

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Global Asset Negotiators INC.

Name of Corporation

DOCUMENT NUMBER: P0 90000 97236

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:

Rome Berry
Name of Contact Person

Global Asset Negot: Avers Inc

Firm/Company

1335 444 Ave

Address

Firm/Company

Address

Address

Firm/Company

One Serve Queen Code

City/State and Zip Code

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

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

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT GRAGGER. 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: Good HSSET Vegetie tors INC.
2. The principal office address: 1335E, 4MAUE
FA CANderdale F1 33316
3. The mailing address (if different):
4. Date of incorporation/qualification: 23/09 Document number: 2090009733
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)
Konne Berry
5421 UNIVERSITY Drive
Coral Springs 21 3306>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William Berry
1123 SE 4+A DUP
P.O. Box NOT acceptable
Ft. LANDERDAIL FI 3331L
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.
Proces Repay Procident
S nature Commenter or director Printed on 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
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
If signing on behalf of an entity:
It signing on benan or an entity.
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *
Marke Charles and Arabin and Francisco Department on Charles

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)