## P09000100097

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	те)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900185465579



09/30/10--01009--017 \*\*35.00

FILEU
2010 SEP 30 PM 2: 0
SECRETARY OF STAR

159/20/10

## **COVER LETTER**

Division of Corporations
SUBJECT: Global Intelligence Consultants Name of Corporation
DOCUMENT NUMBER:
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:
EFrat Cohen Name of Contact Person
Global Intelligence Consultants
17000 N Bay Rd Suite: 1610
Suny Isks, FC, 33/60 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stat Cohen at 305 949-1169 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 <u>FLORIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GLOBAL INTKLUGENCE CONSULTANTS. INC.
2. The principal office address: 17000 XARTH RAY ROAD . St. 1610
Survey Isles BEACH, FL 33/60
3. The mailing address (If different):  As Above
4. Date of incorporation/qualification: 12.14-09 Document number: P09000100097.
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)
3109 GRAND AVENUE. STZ: 191 COCONUT. GROVE. FL 33133
COCONUT CHOKE . FL 33/33
6. The name and street address of the new registered agent (If changed) and /or registered office (if changed):  17000 NORTH BAY ROAD, STE: 1610  SUNNY ISLES. BEACH. FL 33160  P.O. Box NOT acceptable
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.
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 jamiliar 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.
426/10
Signature of Registered Agent  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, TALLAHASSER, PL 32314 CR2E045 (8/05)