P1300008290

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Corp land De own lft
·
Office Use Only



500266235825

11/14/14--01028--007 **35.00

14 DEC 18 PH 1:39

Referre

DEC 23 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2014

ELAINE SNELLBAKER 2205 DOBBS ROAD STE B ST AUGUSTINE, FL 32086

SUBJECT: GLOBAL-WRAP, INC Ref. Number: P13000078290

We have received your document for GLOBAL WRAP, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Rebekah White Regulatory Specialist II

maning the second se

THE REPORT OF THE PROPERTY OF

Letter:Number: 914A00025194

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Global Wrap, Inc.

Name of Corporation

26124724213

DOCUMENT NUMBER: 2012-1210

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:

Judith Seraphin

Name of Contact Person

Global Wrap, Inc.

Firm/Company

2205 Dobbs Road Suite B

Address

St. Augustine, FL 32086

City/State and Zip Code

support@globalwrap.com

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

For further information concerning this matter, please call:

Matthew Emigh

,,,904 \829-08

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 Wrap, Inc.	
2. The principal office address: 2205 Dobbs Road Suite B St. Augustine, FL 32	2086
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/19/2013 Document number: 26124724213	3
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)	
Judith Seraphin	
218 Riberia Street	到一
St. Augustine, FL 32084	8 PE O
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1:39
Judith Seraphin	
2205 Dobbs Road Suite B	
P.O. Box NOT acceptable St. Augustine, FL 32086	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,
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.	
Judith Seraphin, CEO Signature of an officer or directly Printed or typed name and title	
Thereby 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 register agent. Or, if this document is being filed merely to reflect a change in the registered office address, hereby confirm that the corporation has been notified in writing of this change.	red I
Mall Service 12/11/2014	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Judith Seraphin Typed or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *