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To:

Division of Corporations

15129570210

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

Fax Number

: (888)706-7274

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REGISTERED AGENT CHANGE GLOBAL EYES LOGISTICS INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

J. HORNE

JUN 2 9 2022

COVER-LETTER

15129570210

	GLOBAL EYES LO	GISTICS INC.
SUBJEC' Name of C	1:Corporation	
DOCUMI	ENT NUMBER: P13000082	2860
		office/Agent and fee are submitted for filing.
	urn all correspondence concerning this m	
		-
Josh	ua Murphy	
Name of (Contact Person	
Registered	d Agent Solutions, Inc.	
Firm/Con	npany	
Corporate	Center One, 5301 Southwest Pkwy, Ste 400	
Address		
Austin, Te	exas 78735	
City/State	e and Zip Code	
E-mail ac	ddress: (to be used for future annual re	eport notification)
For furthe	er information concerning this matter, ple	ase call:
loch	nua Murphy	at (888) 705-7274 Area Code & Daytime Telephone Numl
2031	Name of Contact Person	A suc Cada & Dartima Talanhana Mumi

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607,0502, 617 nge is submitted for a corporation o r to change its registered office or re	organized (mder the la	ws of the State of	r_Florida	_
1. The name of t	he corporation: GLOBAL EYES	S LOGI	STICS IN	IC.		
2. The principal	office address: 3333 NEW HYDE P	ARK RD,	SUITE 301	NEW HYDE PA	RK, NY 11042	
•	ddress (if different):			D400	2000000	 -
4. Date of incorp	poration/qualification: 10/8/2013	 _	Document	number: P130	00082860	
5. The name and	street address of the current registe timent of State: (If resigned, enter re	red agent	and register	ed office on file v	with the	
	BLUMBERGEXCELSIOR C	ORPOR	ATE SER	RVICES, INC.		
	155 OFFICE PLAZA DR		1ST	FL		
	TALLAHASSEE		FL	32301		
6. The name and (if changed):	t street address of the new registered Registered Agent Solu			id /or registered c	2022 JUN 28 SECRETARY ALLAHASSE الظام	
	155 Office Plaza Dr.		Suite A			Γ
	Tallahassee	FL	acceptable 3230	1	9: 50	
The street address changed will Such change wa	ess of its registered office and the s be identical. as authorized by resolution duly ad he board, or the corporation has be	treet addr	ess of the b	usiness office of	its registered age an officer so	;ta;
	rt Vecchione	Rol	bert Veco	chione	VICE	
I hereby accept I further agree of my duties, ar document is ber corporation ha	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	u statutes ie obligati e in the res	reiauve io i on of my oo	ne proper ana co sition as revistei	rea avem. Or, u	67660
Hockey	<i>-</i>	0	6/28/202			_
_	mature of Registered Agont			Date		
If signing on be	chalf of an entity:					
	, Assistant Secretary					
ı	Typed or Printed Name * * * FILEN	G FEF	\$35.00 * * *	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)