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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:_

Account Name Account Number : I20090000081

: REGISTERED AGENTS INC.

Phone

: (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE GLOBAL STRATEGIES GLOBAL SOLUTIONS MICO

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COVER LETTER

TO: Ame Divis	ndment Section sion of Corporations					
SUBJECT:_GLOBAL STRATEGIES GLOBAL SOLUTIONS, INC						
Name of Corporation						
DOCUMENT NUMBER: P19000056812						
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:				
	Jerome Sullivan					
Name of Contact Person						
Firm/Company						
	784 S. Clearwater Loop					
	Addr	·				
	Post Falls, ID 83854					
	City/State and Zip Code					
filings@registeredagentsinc.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jerome		at (307) 200-2803 Area Code & Daytime Telephone Number				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a	\$35,00 check made payable to the Departi	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
		Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or to change its registered office or reg	ganized under th	e laws of the S	State of FLORICA		
1. The name of t	he corporation: GLOBAL STRATEGI	ES GLOBAL SO	LUTIONS, IN	C.		
2. The principal office address: 5100 E LONGBOAT BLVD, TAMPA, FL 33615						
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 07/10/2019	Docum	ent number: <u>f</u>	P19000056812		
	street address of the current registere tment of State: (If resigned, enter resi	-	stered office o	on file with the		
	ANN E ROSS					
	5110 E LONGBOAT BLVD		:			
	TAMPA, FL 33615					
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or regis	vn '		
	Registered Agents Inc.					
	7901 4th St N STE 300	NOT acceptable	,			
	St. Petersburg FL 33702		Sang.			
The street addre	ss of its registered office and the strube identical.	eet address of the	e business off	ice of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	ned by its board notified in writi	of directors ong of the char	r by an officer so age.		
	- 13000		SS / PRESI			
I hereby accept I further agree to performance of agent. Or, if thi	e of an officer or director the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an s document is being filed merely to t hat the corporation has been notifie	and agree to act statutes relative to ad accept the obli- reflect a change i	o the proper of igation of my in the revister	rity. and complete position as registered		
Bee Han	•		08/14/20)19		
Sign If signing on bel	ature of Registered Agent nalf of an entity:		Date			

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

Bill Havre / SECRETARY

Typed or Printed Name