P19000071933

(F	Requestor's Name)	
٩)	Address)	
٩)	(ddress)	
	Dity/State/Zip/Phone #)	
PICK-UP		MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Fi	ling Officer:	
	Office Use Only	









A. RAMSEY



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	10/10/2023	
Name:	Juliana	_
	#:2147838	
Entity Nam	GLOBA	ALIMENT, INC.
☐ Ame ✓ Cha ☐ Reir ☐ Con ☐ Mer ☐ Diss ☐ Ficti	cles of Incorporation/Authorizatio endment inge of Agent instatement iversion ger solution/Withdrawal itious Name	

Authorized	Amount:	\$35.00	
Signature:	Luliana	Prestia	
	V		

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #201072
6 LLOYDS AVE, UNIT 4CL
UNDON EC3N 3AX
+44 (0)20.3961.3080

. COVER LETTER

TO: Amendment Section Division of Corporations

GLOBAL ALIMENT INC.

SUBJECT: Name of Corporation

DOCUMENT NUMBER:_____ P19000071933

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:

Kuan Yen	
Name of Contact Person	
Global Aliment Inc.	
Firm/Company	
1112 30th Drive Apt 520W	
Address	
Astoria, NY 11102	
City/State and Zip Code	
kuanyen@globalaliment	.com
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please call:	

 Kathryn Christener
 at (518)
 213-0849

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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)

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

Pursuant to the provisions of sections 60⁺.0502, 61⁺.0502, 607,1508, or 61⁺.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>_____</u>in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the cornoration:	name of the corporation: GLOBAL ALIMENT INC.				
2. The principal office address:	n Street, Suite 308, Doral	, FL 33166			
The mailing address (if different):	1112 30th Dr. Apt 520W, Astoria, NY 11102		NY 11102		
4. Date of incorporation/qualification:	09/09/2019	Document number:	P19000071933		
5. The name and street address of the cur Florida Department of State: (If resign	rent registered age ed. enter resigned)	nt and registered office on	file with the		
77	Kuan Yei 91 NW 46th Stree				
	Doral, FL 33166				
 The name and street address of the nev (if changed): 	w registered agent ((if changed) and /or registe	ered office		
	Cogency Glob	al Inc.			

115 North Calhoun Street, Suite 4

P.O. Box/NOT acceptable

Tallahassee, Florida 32301

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.

in officer or director

Kuan Yen

Printed or typed name and title

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 corporation has been notified in writing of this change.

Signature of Registered 2

10/10/2023

Date

If signing on behalf of an entity:

Kathryn Christener, Assistant Secretary

Typed or Printed Name

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

MARY CHECKS DAVADER TO FLORIDA DEPARTMENT OF STATE