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Amendment Section

TO:

Division of Corporations SUBJECT: GLOBAL SOURCING COMPANY INC Name of Corporation DOCUMENT NUMBER: P20000059200 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: JUN ZHANG Name of Contact Person GLOBAL SOURCING COMPANY INC Firm/Company 1900 SW 8TH ST Address MIAMI, FL 33135 City/State and Zip Code JUZHANG19@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Name of Contact Person

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

954 3056132
Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

JUN ZHANG

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	n organized u	nder the laws o	of the State of <u>F</u>	IL.	his 	_
 The name of 0 The principal 	he corporation: $\frac{\text{GLOBAL SOURC}}{\text{office address:}}$	CING COMPA	NY INC . FL 33135				<u> </u>
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 7/29/2020		Document nun	nber: <u>P2000005</u>	9200		
	I street address of the current regis tment of State: (If resigned, enter		nd registered o	ffice on file wit	h the		
	RESIGNED						
					SEGRET	2020 AUG 25	Cet
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):					ARY OF		
	to the transfer of				1.5	AH 10: 3!	
	7901 4th St N STE 300				L	35	
	P.O. Box NOT acceptable St. Petersburg FL 33702						
The street addreas changed will	ess of its registered office and the be identical.	e street addre	ss of the busin	ess office of its	register	ed age	nt,
	as authorized by resolution duly a ne board, or the corporation has b)	
mi	Thank re of an officer softirector	ZH	ANG, JUN	PRESIDENT			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this control of the contro	gent and agreall statutes rethe obligation ge in the regional change.	Printed of the control of the period of the period of the period of the control o	r typed name and till s capacity, roper and comp in as registered ddress, I hereby	plete per agent. v confiri	forma Or, if i n that	nce this the
Bee 1	···	8/19	0/2020				
Sig	nature of Registered Agent			Date			_
If signing on be	half of an entity:						
Bill Havre	1 - 0' - 1 1	_					
Т	yped 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 * * *