11/00/33031

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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WOY O' MARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BE FUNDING, CLE Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BARY KUPFENBERG Name of Person
BE FUNDING LLC Firm/Company
3767 CONENTRY UN. Address
BOCA PATON FL 33496 City/State and Zip Code
BARRYKAYE @ COMCAST. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BARRY KUPFALSALA at (561) 212-3535 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: * ALREADY PAID #35
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy



October 18, 2017

BARRY KUPFERBERG 3767 COVENTRY LN BOCA RATON, FL 33496

SUBJECT: BE FUNDING, LLC Ref. Number: L11000133031

We have received your document for BE FUNDING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00021024

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. Name of the limited liability company: 136 7-UNU/NG 1
2. (a) 3767 COVENTRY CN. (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
33496 JINNE
11/22/11 41000133031
3. Date of filing/registration in Florida 4. Document number
5. (a) CORINATE CREATIONS NETWORK, IN Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1/380 Prospekty KANNS NJ. #2218 PALM BEACH GANGERS FI. 33410
(b) BARY KULFGRBERG Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address: 130 CA PATON, FL 33496
, FL
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee
I 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00