48 000 241 783

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
\ ,						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

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2021. Alic 11. Div.

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	Be Global Services LLC					
JOBOLC :		Name of Limited Liability Company				
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Offi	ice Change and fe	ee(s) are submitted for filing.			
Please retu	ırn all correspondence concerning thi	s matter to the fo	llowing:			
Marinella N	Manzur					
	Name of Person		-			
Be Global	Services LLC					
	Firm/Company		-			
234 Meridi	an Ave, 4					
	Address		_			
Miami Bea	ch, FL 33139					
	City/State and Zip Code	-	_			
nellamanzu	ır@gmail.com					
E-ma	ail address: (to be used for future ann	ual report notification	ation)			
For furthe	r information concerning this matter,	please call:				
Marinella M	Manzur	512 at (3004641			
	Name of Person		Area Code & Daytime Telephone Number			
R D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303			
Eı	nclosed is a check for the following	amount:				
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

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.

Na	me of the limited liability company: Be Global Service	es lll		
	234 Meridian Ave, 4, Miami Beach, FL 33139	234 Meridian Ave, 4, Miami Beach,	ian Ave, 4, Miami Beach, FL 33139	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	Mailing address of limited lia	
	10/12/18	_	L.18000241783	
	Date of filing/registration in Florida	- 4.	Document number	
(-)	Northwest Registered Agent LLC			
(a)	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of State:	2024 AUG 14
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>	3. ·	
	7901 4th St N STE 300			
	St. Petersburg	33702 L		PH
(b)	Marinella Manzur Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	Idress:	6: 06
	Be Global Services LLC			
	NEW Registered Office Address:			
	234 Meridian Ave. 4		<u></u>	
	Miami Beach, F	L_33139		
ange ent w as/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere iability co of the lim c limited l	ed office and the business office of ompany, it is hereby confirmed that nited liability company or as otherw	the registered the change(s)
Signat	ture of a member or authorized representative of a member		Printed or typed name of sig	gnee
ovisi e obli mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I important of this change.	e nerforma	ance of my duties, and I am familia	r with and accei

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