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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0, 0.0.0.0.0.)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elluty Name)
(Document Number)
Certified Copies Certificates of Status
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2024 NAT 28 PM 8: 02 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GLOBAL B&B LLC	
Name of Lir	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	are and fee(s) are submitted for filing
The enclosed Registered Agent/Registered Office Chair	ige and ree(s) are submitted for thing.
Please return all correspondence concerning this matter	to the following:
BEN TAMIR	
Name of Person	
GOLDRING LOWENTHAL TAMIR & CO	
Firm/Company	
	De Paris
16850 Collins Ave #112-306	PH 8: 02
Address	2 PA 02
	•••
Sunny Isles Beach FL 33160	
City/State and Zip Code	
SARA@USACPA.NET	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	eall:
BEN TAMIR at (3	05) 2240440
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$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.

2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	7969 NW 2ND ST # 1157		7969 N	W 2ND ST #1157	ST #1157		
	MIAMI. FL 33126		MIAMI, FL 33126				
	04/19/2024		L240001	85506			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	YOSEF, YAAKOV G						
()	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>				
	7969 NW 2ND STREET # 1157				တ	21	
		22.22	·		TA: ECF	2024 HAY 2	
	MIAMI , FI	L 33 126				$\stackrel{:}{=}$	1.0
d. v	Ben Tamir				TARY OF AHASSE	28]
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:			P	
					Tech	ထ	1 1-25
					三三	: 02	
	NEW Registered Office Address:				ריז	:0	
	16850 Collins Ave #112-306						
	Sunny Isles Beach FI	[_33160					
16 al 13					1 6	1.1	6 1
change	mited liability company is not organized under the la- or changes are made, the Florida street address of the	register:	ed office a	and the business	office of	the reg	gistered
agent v	vill be identical. Or, in the case of a Florida limited li	ability co	ompany, it	t is hereby confir	med that	the ch	ange(s)
the arti	cles of organization or the operating agreement of the	limited	liability co	ompany.	as office w	rise pri	ovided iii
		Ya	akov Yosef	•			
Signat	ure of a member or authorized representative of a member			Printed or typed	name of si	gnee	
I herel	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to ac	t in this ca	ipacity. I further	r agree to m familia	comp	ly with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314