

PO4 000034656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

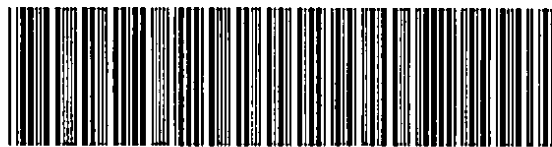
Special Instructions to Filing Officer:

Q. SILAS

DEPT

12/8/21

Office Use Only



600375044816

10/19/21--01017--005 **25.00

12/09/21--01019--002 **10.00

FILED
2021 DEC -8 AM 11:15
SECRET
FBI/DOJ



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC -3 AM 10:43

November 1, 2021

ELMAR BENAVENTE
150 EAST BOCA RATON ROAD
BOCA RATON, FL 33432

SUBJECT: BE DESIGN ASSOCIATES, INC.
Ref. Number: P04000034656

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document. The fee to file your document is \$35.00.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 521A00026567



"Architecture & Interiors That Inspire"

December 1, 2021

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Be Design Associates, Inc.
Ref No.: P04000034656

To Whom It May Concern:

Enclosed is the appropriate form for submittal in order to change the address of the Registered Agent of Be Design Associates, Inc. As noted in your letter dated November 1st, 2021, you received my \$25.00 payment which left a balance of \$10.00 which is also enclosed (Check #8309 in the amount of \$10.00).

Should you have any questions or concerns, please do not hesitate to contact us at 561-362-6408.

Best regards,

A handwritten signature in black ink that reads 'LaVada Stone'.

LaVada Stone
Office Manager

LJS:js

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BE DESIGN ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: P04000034656

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:

ELMAR BENAVENTE
Name of Contact Person

BE DESIGN ASSOCIATES, INC.
Firm/Company

150 EAST BOCA RATON ROAD
Address

BOCA RATON, FL 33432
City/State and Zip Code

Elmar@be-design.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaVada Stone at (561) 362-6408
Name of Contact Person Area Code & Daytime Telephone Number

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BE DESIGN ASSOCIATES, INC.
2. The principal office address: 150 EAST BOCA RATON ROAD
BOCA RATON, FL 33432
3. The mailing address (if different): "SAME"
4. Date of incorporation/qualification: FEB. 23, 2004 Document number: P04000034656
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ELMAR BENAVENTE
170 E. BOCA RATON ROAD, Ste. 1
BOCA RATON FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ELMAR BENAVENTE
150 EAST BOCA RATON ROAD
BOCA RATON FL 33432

P.O. Box NOT acceptable

SECRETARY OF STATE
JAN 7 2005


2021 DEC -8 AM 11:15

FILED

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.

x


Signature of an officer or director

ELMAR BENAVENTE
Printed or typed name and title

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 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 Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314