

P16000096969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

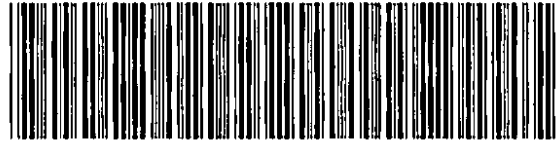
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400325775594

US/01/19--01119--015 ♦♦55.00

RECEIVED  
DEPT OF STATE  
CORPORATIONS  
MAR 15 7 PM 5:35

RA Change

MAR 15 2019

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MACEIRA Global Services LLC  
Name of Corporation

DOCUMENT NUMBER: P1660096969

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:

M. VERNA GONZALEZ  
Name of Contact Person

MIG INSURANCE SOLUTIONS LLC  
Firm/Company

14502 N. Dale Mabry HWY #332  
Address

Tampa FL 33613  
City/State and Zip Code

MIG INSURANCE. AGENT@GMAIL.COM  
E-mail address: (to be used for future/annual report notification)

For further information concerning this matter, please call:

M. Verna Gonzalez at (813) 767-1369  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Minerva Global Services Inc.
2. The principal office address: 4312 GULF HWY #205  
Tampa FL 33613
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/7/2010 Document number: File000096969
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)

MACERA CARLOS L.  
6310 Royal Hunt Dr. #203  
Tampa FL 33625

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

MINERVA Gonzalez  
14502 N. Dale Mabry Hwy #332  
Tampa FL 33618

P.O. Box NOT acceptable

19 FEB -7 PM 5:35  
DIVISION OF CORPORATIONS  
LEU

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.

[Signature]  
Signature of an officer or director

CARLOS L. MACERA  
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]  
Signature of Registered Agent

2/28/19  
Date

If signing on behalf of an entity:

MINERVA Gonzalez  
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