Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE GIRAFFAS MIDTOWN, LLC

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December 24, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GIRAFFAS MIDTOWN, LLC ***FAX FILING***BUSINESS FILINGS*** SUITE 1200 MIAMI, FL 33131

SUBJECT: GIRAFFAS MIDTOWN, LLC

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Tina D Carter Regulatory Specialist FAX Aud. #: H14000291331 Letter Number: 114A00027227

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

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of Florida.

1. Name of the limited liability company. GRAFFAS	MIDTOWN, LLC		
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany: 1444 Biscayne Blvd Suite 216 Miami, Florida 33132		N N
(b) Mailing address of limited liability company:	1444 Biscayne Blvd Suite 216	— EC :	1380] 1280]
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33132	0	
2/10/2011	L11000017862	H 9	F SI
3. Date of filing/registration in Florida	4. Document number	*	ATE
5. (a) Registered Agent and Registered Office shows		of State:	
Registered Agent:	ZAYAS MORILLAS LLC		
Registered Office Address:	6303 BLUE LAGOON DRIVE, ST MIAMI, FL 33126	UTTE 400	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Business Filings incorporated 515 E. Park Avenue		
	Tallahassee	.FL32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chanthe members of the limited liability company or as of the operating agreement of the limited liability company. Speaker of anember of animalized representative of a number.	the Florida street address of the regi- identical. Or, in the case of a Florida (2014), practicers authorized by an affi	stered official la limited firmative v	rote of
Ana Paula Oliviera	· ·		
Printed or typed usine of signed I hereby: accept the appointment as registered agent comply with the provisions of all statutes relative to the antifer with and accept the obligations of a Chapter 60.5, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability configuration of Registered Agent		further agr e of my du rovided for istered of f this char	ree to ries, r in fice ige.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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