

LD5000050515

1000 Department of State
Division of Corporations
Electronic Filing Cover Sheet

61520

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000096110 3)))



H130000961103ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
13 APR 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
13 APR 29 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE MASTER CONCESSIONAIR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS
APR 30 2013
EXAMINER

M13000096110

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

Pursuant to the provisions of Sections 608.416 or 608.508, 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.

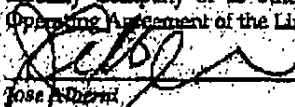
1. The name of the limited liability company is: MASTER CONCESSIONAIR, LLC
2. The mailing address of the limited liability company is: P.O. Box 260190, Miami, Florida 33126
3. Date of filing/registration in Florida: 5/20/2005
4. Document No.: L05000050635
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Fred K. Lickstein, Esq.
1395 Brickell Avenue
14th Floor
Miami, Florida 33131

6. The name and address of the new registered agent and/or office:

Oscar J. Vila, Esq.
Vila, Padron & Diaz, P.A.
201 Alhambra Circle
Suite 702
Coral Gables, Florida 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida Limited Liability Company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the Limited Liability Company or as otherwise provided in the Articles of Organization or the Operating Agreement of the Limited Liability Company.



Jose Padron
Manager

Date: 4/19/13

FILED
13 APR 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

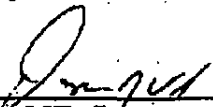
M13000096110

FILED

13 APR 29 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 obligations of my position as Registered Agent as provided for in Chapter 608 F.S. Or, if this document is being filed to merely reflect a change in the Registered Office address, I hereby confirm that the Limited Liability Company has been notified in writing of this change.



Oscar J. Villa, Esq.
Registered Agent

Date: 4/19/2017

41300009610