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COVER LETTER

Division of Corporations					
SUBJECT:	Saichoraku Miami, LLC				
		ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the	following:			
Gary Saslaw, Esq.					
Name of Person					
Gary R. Saslaw, P.A.					
Firm/Company		- 			
20801 Biscayne Blvd., Suite 304					
Address	-	_			
Aventura, Florida 33180					
City/State and Zip Code					
grs@grspa.com					
E-mail address: (to be used for future annu	ial report notif	ication)			
For further information concerning this matter, p	please call:				
Gary Saslaw, Esq.	305 _ at (682-0200			
Name of Person	_	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations), Box 6327 Hahassee, Florida 32314			
Enclosed is a check for the following a	amount:				
☑ \$25 Filing Fee	□ s:	55 Filing Fee & Certified Copy			

TO: Registration Section

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.

1.	Na	nne of the limited liability company: Saichora	iku Miami.	LL	.C				
2	(a)	c/o T2H Capital Management Co.				l Capital Manage	ment C	o.	
	(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company, (Note: MAYBE POST OFFICE BOX)					
		1204 Burlingame Ave., Suite 10			1204 Burlingame Ave., Suite 10				
		Burlingame, CA 94010		Burlingame, CA 94010					
		07/24/2015		١	M15000	005870			
3.	<i>(</i>)	Date of filing/registration in Florida TACHIBANA, M., CPA	4.			Document number			
5.	(a)	Registered Agent and Registered Office shown on the recor	rds of the Floru	da D	ept, of Stat	- le:			
						_			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2555 Polk Street			_	بالمشيخ	17		
		Hollywood	33020)			1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	AUG 23	
		Gary Saclaw				_	XSSI	23	
	(b)	(Sary Saslaw) Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		AH	177	
			<u></u>		<u> </u>		99.	61 :11 HV	i
						_	E.	9	
		NEW Registered Office Address.							
		20801 Biscayne Blvd Suite 304				_			
		Aventura	FL_33180)		_			
lí`	the l	imited liability company is not organized under the	he laws of th	ie S	tate of Fl	– orida, it is hereby co	onfirmed	that a	fter
the	e cha	inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit	ess of the reg	giste	red offic	e and the business o	ffice of	the reg	istered
Wi	18/W	ere authorized by an affirmative vote of the memb	pers of the lii	mit	ed liabilit	ty company or as oth	ierwise p	provide	ed in
the	e arti T2H C	icles of organization or the operating agreement o			-				
	By: Siana	ture of a morbe of substized representative of a member	S	Salo	u Hirai, Pre	esident Printed or typed name	of suppos		
	Sato	oru Hirai, President			n dia in	• •	•		iel, el
pr the to	ovisi e obi mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as preely reflect a thange in the registered office addre d in writing of this change.	a agree to ac plete perfori ovided for in ess, I hereby	ci i nar (J. cor.	n this cap ice of my iapter 60, ifirm that	actives, and Lam far duties, and Lam far 5, F.S. Or, if this do the limited liability	ve to vor niliar wi ocument compan	npry w th and is bein y has l	un ine accept g filed seen
Si	enatu	ire of Registered Agent	_						