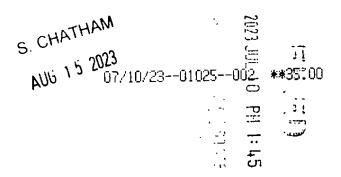


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only





COVER LETTER

SUBJECT: Menu Men. Inc. Name of Corporation DOCUMENT NUMBER: 330907 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: Michele Ann Benesch Name of Contact Person Menu Men. Inc. Firm/Company 1301 NW 27th Avenue Address Miami, Fl. 33125 City/State and Zip Code mbenesch@menumen.com E-mail address: (to be used for future annual report notification)				
DOCUMENT NUMBER: 330907 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: Michele Ann Benesch Name of Contact Person Menu Men, Inc. Firm/Company 1301 NW 27th Avenue Address Miami, FL 33125 City/State and Zip Code mbenesch@menumen.com				
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Address Miami, Fl. 33125 City/State and Zip Code mbenesch@menumen.com				
Address Miami, FL 33125 City/State and Zip Code mbenesch@menumen.com				
Miami, F1, 33125 City/State and Zip Code mbenesch@menumen.com				
City/State and Zip Code mbenesch@menumen.com				
mbenesch@menumen.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michele Ann Benesch at (305) 633-7925 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee Tallahassee F1, 32314 2415 N. Monroe Street, Suite 810				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

CR21/045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statunge is submitted for a corporation organized under the laws of the State of Flori	da	· -
	r to change its registered office or registered agent, or both, in the State of Flori	da.	
	he corporation: Menu Men Inc		
2. The principal	office address: 1301 NW 27th Avenue, Miami, FL 33125		
3. The mailing a	ddress (if different): same		
4. Date of incorp	poration/qualification: 6/5/1968 Document number: 330907		
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)		
	Katz Barron		
	901 Ponce de Leon Blyd., 10th Floor		
	Coral Gables, F1 33 134	202	
6. The name and (if changed):	A street address of the new registered agent (if changed) and /or registered office	3 791 10	•:
	Michele Ann Benesch		
	1301 NW 27th Avenue P.O. Box NOT acceptable	PH 1:4:	
	P.O. Box NOT acceptable Miami, FL 33125	. 45	
The street addras changed wil	ess of its registered office and the street address of the business office of its re be identical.	gistered	l agent.
	as authorized by resolution duly adopted by its board of directors or by an off he board, or the corporation has been notified in writing of the change.		
Mus	Michele Ann Benesch, President Printed or typed name and fille		
	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address. I hereby a seen notified in writing of this change.	ric perfe ecnt. O confirm	rmance r, if this that the
	graphic of Registered Agent Date		
If signing on b	chalf of an entity:		
_//iche	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