

AU1000001050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

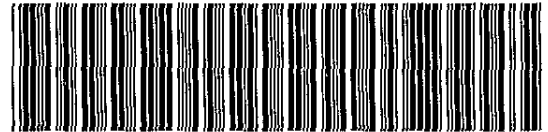
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200039050962

07/15/04--U1014--015 **35.00

FILED
04 JUL 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JUL 15 AM 10:46
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

Handwritten signature

Charter Number Only

VALIDATION ONLY

FILED
04 JUL 15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/14/04

Requestor's Name
Terminello & Terminello
Address
2700 SW 37 AVENUE
Miami, FL 33133
City State ZIP Phone

CORPORATION(S) NAME

Cafeteria of South Beach, Ltd., LLC

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W P. Verifier


Empire Toll Free: 1-800-432-3028

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CAFETERIA OF SOUTH BEACH, LTD., LLLP

Name of the limited partnership

2. July 31, 2001

Date of filing/registration in Florida

3. A01000001050

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jonathan D. Beloff, c/o BELOFF & SCHWARTZ

Name

1111 Lincoln Road

Address

Miami Beach, FL 33139

City, State and Zip

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

Louis J. Terminello, Esq., TERMINELLO & TERMINELLO, P.A.

Name

2700 S.W. 37th Avenue

Florida street address (P.O. Box not acceptable)

Miami FL 33133

City, State and Zip

6. Such change(s) was/were authorized by the general partners.



Signature of General Partner

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.



Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

FILED
9:15 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA