F17000004546

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Miami Grill Franchising Co Inc

Name of Corporation

DOCUMENT NUMBER: F17000004546

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:

Bernard H. Vogel

Name of Contact Person

Migni Grill Franchising Co Inc

901-A Clint Moore Road

Address

Boca Raton, FL 33487

City/State and Zip Code

shari@miamisubs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernard H Vogel

,516 395-810

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted	l for a corporation organ	2, 607.1508, or 617.1508, Florid ized under the laws of the State (ered agent, or both, in the State (of Delaware	
1. The name of t	he corporation:	Miami Grill Franc	hising Co Inc		
2. The principal					
		Boca Raton, FL 3	3487		
3. The mailing a	ddress (if differe	ent):			
4. Date of incorp	oration/qualific	ation: 10/10/2017	Document number: F17	000004546	
5. The name and	l street address c		gent and registered office on file d)	with the	
	Bernard H Vogel				
	Bernard H Vogel 6300 NW 31st Avenue				
	Fort Laude	rdale, FL 33309			
6. The name and (if changed):	street address o	of the new registered agen	nt (if changed) and /or registered	office S	
	Bernard H	Vogel		_	
¢	901-A Clint Moore Road				
	P.O Box NOT acceptable				
	Boca Rator	n, FL 33487			
The street addre	ess of its register be identical.	red office and the street a	address of the business office of	fits registered agent,	
Such change was authorized by	s anthorized by	resolution duly adopted corporation has been not	by its board of directors or by a ified in writing of the change.	n officer so	
	1		Bernard H Vogel		
L	re of an officer or aire		Printed or typed name and		
agent. Or, it thi	& G OSUM e NI IS D	t as registered agent and he provisions of all statu I am familiar with and ac elng filed merely to refle ttion has been notified in	l agree to act in this capacity, ites relative to the proper and c ecept the obligation of my posit ect a change in the registered o <u>f</u> a writing of this change.	omplete ion as registered Jice address, I	
	1	7	August 27, 2018	. <u></u>	
Sign	nature of Registered	gent	Date		
If signing on bel	half of an entity	:			
Bernard H \	ogel red or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *