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SECRETARY OF STATE
TALL AHASSEE

J. SAULSBERRY EXAMINER AUG 17 2012

COVER LETTER

Division of Corp			
SUBJECT:		ha's Lincoln Road LLC	
	Name of	Limited Liability Company	
Dear Sir or Madam:			
The enclosed Registered	l Agent/Registered	Office Change and fee(s) are s	submitted for filing.
Please return all corresp	ondence concerning	g this matter to the following:	
	Natts-FitzGerald, I	Esq.	
Weiss Serota Helfma Fi	n Pastoriza Cole & m/Company	& Boniske, P.L	2012 AUG 16 SECRETARY TĄĻLAHASSE
2525 Ponce o	de Leon Blvd., Suit Address	te 700	G 16 AM BE TARY OF STA ASSEE, FLOR
Coral G	Sables, FL 33134		AIE RIDA
	tate and Zip Code		₩ . 10
awatts-fitze E-mail address: (to be use	gerald@wsh-law.c	om notification)	
For further information	concerning this mat	ter, please call:	
Abigail C. Watt		_ at (728-4130 ne Telephone Number
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, Florid	on rations enter Circle	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	SS:
Enclosed is a ch	eck for the followi	ng amount:	
\$25 Filing Fee	;	\$55 Filing Fee &	Certified Copy

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. Name of the limited liability company:	Pasha's Lincoln Road LLC
2. (a) Principal office address of limited liability company	y: 900 Lincoln Road
(Note: MUST BE STREET ADDRESS)	Miami Beach, FL 33139
(b) Mailing address of limited liability company:	3801 N. Miami Avenue
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33127
02/04/2004	L0400009890
3. Date of filing/registration in Florida	4. Document number $\frac{7}{5}$
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dears of State:
Registered Agent:	Nicolas Cortes
Registered Office Address:	3801 N. Miami Avenue
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Abigail C. Watts-FitzGerald c/o Weiss Serota Helfman, et al 2525 Ponce de Leon Blvd., Suite 700
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other of the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of am familiar with and accept the obligations of my portangle of the provisions of the obligations of my portangle of the configuration of my portangle of the configuration of the provisions of the configurations of the provisions of the configurations of the provisions of the configurations of the con	– gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00