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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (880)205-0380

Prom:

Account Name

: ROTHSTEIN, ROSENFELDT, ADLER

Account Number : 072164000350 Phone

: (994)522-3456

Pax Number

: (954)527-8563

REGISTERED AGENT CHANGE

ART BAR OF FORT LAUDERDALE, LLC

Certificate of Status	0
Certified Copy	0
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FL DEPT OF STATE

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NO.585

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COVER LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Art Bar of Fort Lauderdale, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur C. Neiwirth, Esq.

(Name of Person)

Rothstein Rosenfeldt Adler

(Pimb/Company)

401 East Las Olas Blvd. Ste. 1650

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur C. Neiwirth, Esq.

Fort Lauderdale, FL 33301

at (954)

522-3456

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2651 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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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 affice or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Art Bar of Fort Lauderdale, LLC SECONTION OF STATE

2. The mailing address of the limited liability company is: 300 SW 1st Avenus, Fort Lauderdale Florida 333011DA

2/12/2004

L04000011741

3. Date of filing/registration in Florida

4. Document number

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

Anthony Prifitera

Name

300 SW 1st Avenue

Address

Fort Lauderdale, FL 33301

City, State and Zip

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

Arthur C. Neiwirth, Esq.

Name

401 East Las Olas Blvd., Ste. 1650

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

Fort Lauderdale j

lale FL 33301
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(a) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Significant of a member of authorized representative of a member)

(Printed or twoed name of signes)

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 statules relative to the proper and complete performance of my duties, and I am jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

(Signature of Registrational)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

INHS1# (8/05)

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