105000038940

(Requestor's Name)						
(Address)						
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL MAIL				
(Bus	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
ı						

Office Use Only



600256031136

01/27/14--01032--008 **25.00

JAN 3 1 2014 T CLINE

2014 JAN 27 AH III: 13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kristen Jones kjones0@cscinfo.com

Date: January 24, 2014

Order#: 962344/015

Re: CONCESSIONS MIAMI, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Kristen Jones

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

M 1: 13

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. 1	Nar	me of the limited liability company: CONCESSIONS	MIAMI, LLC			
2. ((a)	Principal office address of limited liability company	: 566 WELLS STREET SW			
(Note: MUST BE STREET ADDRESS)		(Note: MUST BE STREET ADDRESS)	ATLANTA, GA	303	12	
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
04/	18/2	2005	L05000038940			
3. I) Dat	e of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept.	. of Stat	23 €E	
		Registered Agent:	CT CORPORATION SYSTEM			
		Registered Office Address:	1200 SOUTH PINE ISLAND RO)AD-<	27	
			PLANTATION	-L 3332	4 **	
				1. <u>1. 1.</u> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:		ယ	
		NEW Registered Agent:	Corporation Service Company			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			1201 Hays Street			
		(MUST BE FLURIDA STREET ADDRESS)	Tallahassee	,FL_32301		
contand liab the	firn the ility me	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the regis cal. Or, in the case of a Florid	stered of la limite	ffice , d	
		a Priebe				
Signa	ture	e of a member or authorized representative of a member	•			
Don	a F	Priebe, Authorized Person				
		or typed name of signee				
By	ر :	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proving familiar with and accept the obligations of my positive to 5, F.S. Or, if this document is being filed to mer s. I hereby confirm that the limited liability company	ree to act in this capacity. I f per and complete performance ition as registered agent as pr ely reflect a change in the reg has been notified in writing o	urther a e of my a ovided istered a f this ch	gree to duties, for in office ange	
Sign	atur	e of Registered Agent Corporation Service Company	Slyvia Quennet, Assistant Vic	e Presid	lent	

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