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COVER LETTER

TO: Registration Section Division of Corporations					
	an American Bistro, LLC 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 n	natter to the following:				
Nothalie Cortes Name of Person					
The Boulevard an Am- Firm/Company	<u>erican</u> Bistro, LLC				
1926 HONYWOOD BIVD	Suite 103				
HOllywood, FL 3302 City/State and Zip Code	<u>20</u>				
E-mail address: (to be used for future annual	rokers.com report notification)				
For further information concerning this matter, ple	ease call:				
	at (786) 271 6960				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:				
Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

77077001					
1. Name of the limited liability company: The Bot	<u>llevard an</u>	<u>American I</u>	<u> Biotro,</u>	UC	
2. (a) 1926 HOLLYWOOD BIVD. #103 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1926 Hollywood Blvd #103 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
Hollywood, FL 33020	HONYWOOD, FL, 33020				
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
10/20/2005	<u>L(</u>	050001034	412		
3. Date of filing/registration in Florida	4.	Document number			
5. (a) Garcia, Mariana		_			
Registered Agent and Registered Office shown on the records of	the Plonds Dept. of Sta	ile:			
1926 HONYWOOD BIVD Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	-	<u> </u>		
103			16 D	an selfanne fr	
HOllywood FI	_ 33020		16 DEC 12 AM IO: 55	E F	
,		_	3 T2	34-74,34-44	
		inc.	AH O:	[]	
Enter name of NEW Registered Agent and/or NEW Registered	Office address:		0: 5	******	
		_	£ 01		
NEW Registered Office Address:					
·	****	_			
. FL					
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If the limited liability company is not organized under the law the change or changes are made, the Florida street address of	the registered office	e and the business offic	e of the regist	ered	
agent will be identical. Or, in the case of a Florida limited li- was/were authorized by an affirmative vote of the members of	of the limited liabili	ty company or as otherw	t the change(s vise provided) in	
the articles of organization or the operating agreement of the	•	• •	C TON T	Fodiva To	
Signature of a member or authorized representative of a member	NOMOUTE	Printed or typed name of s	S MH []	kaand tu	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I motified in writing of this change.	ee to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to duties, and I am familio 5, F.S. Or, if this docun t the limited liability con	o comply with ar with and ac nent is being f npany has bee	the ecept îled en	
Signature of Registered Agent					

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