

(Requestor's Name)						
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(Document Number)						
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COVER LETTER

TO: Registration Section

Division of Corporations						
SUBJECT: WATERWAY CA	CCT: WATERWAY CAFE, LLC Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Re	egistered Offic	ce Change and	fee(s) are submitted for filing			
Please return all correspondence c	oncerning this	s matter to the f	Collowing:			
Richard Gagliardi						
Name of	Person	 	-			
Waterway Cafe						
Firm/Con	ıpany	. .	-			
2300 PGA Blvd.						
Address	;					
Palm Beach Gardens, FL 3	3410					
City/State an	d Zip Code		<u> </u>			
rich@waterwaycafe.com						
E-mail address: (to be used	for future annu	ual report notifi	cation)			
For further information concerning	g this matter,	please call:				
Richard Gagliardi		561	351-6336			
Name of Person			Area Code & Daytime Tele	phone Numbe		
STREET/COURIER AN Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	ircl e	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Enclosed is a check for t	he following	amount:				
☑ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Cop	у		
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.

1.	Na	me of the limited liability company: Waterway Caf	fe, LLC	! !		
2	(a)	2300 PGA Blvd.	(h	(b) 2300 PGA Blvd.		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Palm Beach Gardens, FL 33410		Palm Be	ach Gardens, FL 33410	
		09/15/2006	-	L0600009	90814	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Joel T. Strawn, P.A.				
	,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	::	
		54 N.E. 4th Avenue			20	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2016 AUG	
		Delray Beach	33483		SA 26	
(, ru			TO SEE SOME	
	(b)	Richard Gagliardi				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		三 25		
		2300 PGA Blvd.			•	
		NEW Registered Office Address:			•	
					-	
		Palm Beach Gardens ,FL	33483			
the ag wa	ent vas/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co f the lin	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
		ntli	Pe	ter W. Var	nder Wolk, VP of managing co.	
-	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I i pro the to no	here ovisi e obl mer tifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of the position as registered agent as provided by reflect alchange in the registered office address, I have been acceptable to the property of the provided agent as provided by the provided agent as provided by the provided agent as provided agent as a provided agent as a provided agent	ee to ac perform d for in hereby c	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Si	gnatu	re of Registered Agent				