## 1.08.000/06358

(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Zi	p/Phone #)		
PICK-UP W	/AIT MAIL		
(Business Er	ntity Name)		
(Document Number)			
Certified Copies Ce	rtificates of Status		
Special Instructions to Filing Officer:			

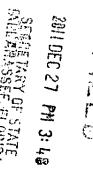
Office Use Only



100215450161

12/27/11--01049--008 \*\*300.00

EXAMINER



## **COVER LETTER**

•	vision of Corporations	
SUBJECT	:Performin	g Arts Catering, LLC
	Name of Limi	ted Liability Company
Dear Sir or	Madam:	
The enclos	ed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	Michelle Cholodofsky Name of Person	
	Performing Arts Catering, LLC Firm/Company	·
	5061 Biscayne Blvd.  Address	<del></del>
	Miami, FL 33137 City/State and Zip Code	<del></del>
E-mail a	michellec@bartong.com ddress: (to be used for future annual report notifica	ntion)
	information concerning this matter, p	Sec.
	Michelle Cholodofsky at (	
	Name of Person	Area Code & Daytime Telephone Number
Regi Divi Clift 2661	REET/COURIER ADDRESS: Istration Section Sion of Corporations on Building Executive Center Circle The Provided Address of the P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enc	losed is a check for the following an	nount:
<b>✓</b> \$	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.

Name of the limited liability company:	Performing Arts Cateri	ng, LLC
2. (a) Principal office address of limited liability comp	pany:	
(Note: MUST BE STREET ADDRESS)	5061 Biscayne Blvd Miami, FL 33137	
(b) Mailing address of limited liability company:	<u></u>	
(Note: MAY BE POST OFFICE BOX)	5061 Biscayne Blvd. Miami, FL 33137	
11/14/2008	L0800010	06358
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	Karen Atkinson	
Registered Office Address:	5061 Biscayne Blvd. Miami, FL 33137	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Michelle Cholodofsky  5061 Biscayne Blvd.  Miami	1 ress
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be to liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability composition.  Signature of a member the attacked representative of a member	the laws of the State of Florid e Florida street address of the fentical. Or, in the case of a le(s) was/were authorized by therwise provided in the artic	la, it is hereby e registered office Florida limited an affirmative vote les of organization
Printed or pysed name of signee	·	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my (mapter 618 f. 8. Or, if this document is being filed to address, thereby confirm that the limited liability comp	nd agree to act in this capacit proper and complete perform position as registered agent merely reflect a change in th pany has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signature of Registered Agent		