L09000075055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300235545273

06/01/12--01010--021 **55.00

FILED
2012 JUN -1 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 4 2012

EXAMINER

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.

1. Name of the limited liability company: MERCADITO TAQUERIA MIAMI LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS) 1444 DREXEL AVE
MIAMI BEACH, FLORIDA 33139

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX) 1444 DREXEL AVE
MIAMI BEACH, FLORIDA 33139

AUGUST 5, 2009 — 3. Date of filing/registration in Florida

L09000075055 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: INCORP SERVICES INC

Registered Office Address: 17888 67th COURT NORTH
LOXAHATCHEE, FL 33470

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Patricia Tracy

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 3252 NE 1st AVE,
SUITE 109
MIAMI, FL 33137

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(s) 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.

P. M. Tracy
Signature of a member or authorized representative of a member

PATRICIA M. TRACY
Printed or typed name of signee

FILED
09 AUG -7 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 statutes relative to the proper and complete performance of my duties, and I am familiar 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 liability company has been notified in writing of this change.

P. M. Tracy
Signature of Registered Agent

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