L10000019803

_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

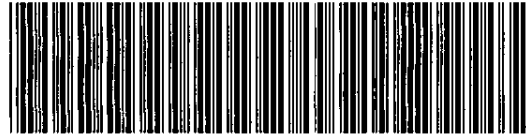☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N. Culligan   NOV 2 2010

COVER LETTER

TO: Registration Section
          Division of Corporations

SUBJECT: _____ MIAMI CULINARY TOURS LLC _____
                              Name 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 matter to the following:

_____ Grace Della _____
                  Name of Person

_____ MIAMI CULINARY TOURS LLC _____
                  Firm/Company

_____ 1000 5th Street Suite 200 _____
                  Address

_____ Miami Beach, FL 33139 _____
                  City/State and Zip Code

_____ info@miamiculinarytours.com _____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ Grace Della _____ at (__786__) _____ 942 8856 _____
              Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle,   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

[✔] $25 Filing Fee   [ ] $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: _____ **MIAMI CULINARY TOURS LLC** _____

2. (a) Principal office address of limited liability company: _____ 1000 5th Street Suite 200 _____

   [✔] (*Note: MUST BE STREET ADDRESS*) Miami Beach, FL 33139

   (b) Mailing address of limited liability company: 1000 5th Street Suite 200

   [✔] (*Note: MAY BE POST OFFICE BOX*) Miami Beach, FL 33139

   _____ 02/22/2010 _____   _____ L10000019803 _____

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: **BUSINESS FILINGS INCORPORATED**

   Registered Office Address: 1203 Governors Square Blvd STE 101
                                   TALLAHASSEE FL 32301-2960 US

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

   NEW Registered Agent: BUSINESS FILINGS INCORPORATED

   NEW Registered Office Address:
   (MUST BE FLORIDA STREET ADDRESS) 1203 Governors Square Blvd STE 101
                                       TALLAHASSEE   ,FL 32301

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.

_____
Signature of a member or authorized representative of a member

_____ Grace Della _____
Printed or typed name of signee

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.

_____
Signature of Registered Agent

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