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SECREPANY OF STATE

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COVER LETTER

	tration Section on of Corporations							
CUDIFCT.	Miami Grill Management & G	Operating C	Co.,, LLC					
SUBJECT: Name of Limited Liability Company								
Dear Sir or M	adam:							
The enclosed	Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.					
Please return a	all correspondence concerning this	s matter to the	e following:					
Bernard H	Vogel							
	Name of Person							
Miami Grill	Management & Operating C	o.,, LLC						
	Firm/Company							
901-A Clint	Moore Road							
	Address			TALI	2018			
Boca Rator	n, FL 33487			22. 200	2018 SEP -6	-		
	City/State and Zip Code			SSEE				
shari@miar	misubs.com			OF STATE TE-FLORIOA	PH Si	J		
E-mail a	ddress: (to be used for future annu	ial report not	ification)	90 20 20 20 20 20 20 20 20 20 20 20 20 20	25	*****		
For further int	formation concerning this matter,	please call:		مرو	. •			
Bernard H	√ogel	516	395-8103					
	Name of Person	(Area Code & Daytime Telep	hone Numbe	21			
Regis Divisi Clifto 2661	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclo	sed is a check for the following	amount:						
\$2:	5 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.

1. N	ame of the limited liability company: Miami Grill	Manage	ment & O	perating Co.,, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 901-A Clint Moore Road	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Clint Moore Road	
	Boca Raton, FL 33487		Boca Raton, FL 33487		
	3/17/2010		L100000	052482	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of Bernard H Vogel Registered Office Address (MUST BE FLORIDA STREE) 6300 NW 31st Avenue			nte:	
	Fort Lauderdale	33309)	281 TALL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address Bernard H Vogel NEW Registered Office Address: 901-A Clint Moore Road			SEP -6 PH 91 52 CHETAINT OF STATE LAHASSEE FLORIDA	
	Boca Raton	_L 33487	,	_	
the charagent was/w the art Signa	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the united of a member or authorized representative of a member by accept the appointment as registered agent and a lions of all statutes relative to the proper and completing attents of my position as registered agent as provided of the proper and completely reflect a change in the registered office address, d in writing of this change.	aws of the of the reg liability c s of the limited Be	e State of Fistered offic ompany, it nited liabili liability co ernard H V	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. /ogel Printed or typed name of signee	
	are of Registered Agent Division of Corporations • P.O.				
	FILING	FEE: \$25	5.00		