L11000009996

| (Re | equestor's Name) | |
|-------------------------|-------------------|--|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | <u>. </u> |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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J. BRYAN

AUG 2 3 2012

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--------|--|---|
| SUBJ | | atello Miami Beach, LLC Limited Liability Company |
| Dear | Sir or Madam: | • |
| The e | nclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning | g this matter to the following: |
| | David S. WILLIG | |
| | Name of Person | ず (0) 三 |
| | David S. Willig, Chartrere | TALLALISE PM 1: 09 |
| | T min Company | 22 P |
| | 2837 SW 3rd AVE | |
| | Address | 7. 09 |
| | Miami, FL 33129 | |
| | City/State and Zip Code | |
| | E-mail address: (to be used for future annual report | |
| | David S. Willig | at (305) 860-1881 |
| | Name of Person | Area Code & Daytime Telephone Number |
| | 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 |
| | Enclosed is a check for the follow | ing amount: |
| | \$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.

| 1. Name of the limited liability company: | Trovatello Miami Beach, LLC | |
|--|--|----------|
| 2. (a) Principal office address of limited liability com | ipany: | |
| (Note: MUST BE STREET ADDRESS) | | 1 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 22 PA | |
| January 25, 2011 3. Date of filing/registration in Florida | L11000009996 4. Document number | 3 |
| 5. (a) Registered Agent and Registered Office shown | n on the records of the Florida Dept. of State: | |
| Registered Agent: | Eric Amsallem | |
| Registered Office Address: | 1551 Stillwater | |
| | Miami Beach, FL 33140 | <u> </u> |
| (b) Enter name of NEW Registered Agent and/or | NEW Registered Office address: | |
| NEW Registered Agent: | David S. Willig | |
| NEW Registered Office Address: | 2837 SW 3rd AVE | |
| (MUST BE FLORIDA STREET ADDRESS) | Miami ,FL 33129 | _ |
| If the limited liability company is not organized under confirmed that after the change or changes are made, that and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as continuous or the operating agreement of the limited liability company or as continuous confirmed that the change of the operating agreement of the limited liability company or as continuous confirmed that the change of the change or t | the Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization | ? |
| Patrice TROVATELLU Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability com | and agree to act in this capacity. I further agree are proper and complete performance of my duties by position as registered agent as provided for in a merely reflect a change in the registered office apany has been notified in writing of this change. | to S |

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