## L11000070552

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## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: M&M Chow LLC			
Name	of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and	foo(s) are subin-1 (c. s):	
Please return all correspondence concerning this	matter to the	following:	
Sarah Gopin			
Name of Person	<del></del>		
M&M Chow LLC			
Firm/Company			
5650 Stirling Rd			
Address		<del></del>	
Hollywood, FL 33021			
City/State and Zip Code		_	
accounting@koshercentral.com			
E-mail address: (to be used for future annual	report notifi	cation)	
For further information concerning this matter, ple	ease call:		
Sarah Gopin	954 at (	963 1313	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MA	ALLING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations		
2661 Executive Center Circle Fallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
✓ \$25 Filing Fee	· 🗀 💲	5 Filing Fee & Certified Copy	
INBS18 (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.

I. N	ame of the limited liability company: M&M Chow	LLC				
2. (a)	MRM Chaulio		(b	M&M C	how LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	· <del>_</del>	Mailing address of limited (Note: MAY BE POST	
	5650 Stirling Rd Suite 24			5650 Sti	irling Rd Suite 24	
	Hollywood, FL 33021			Hollywo	od, FL 33021	
	06/16/2011			L1100007	70552	
3.	Date of filing/registration in Florida	4.	-		Document number	····· <del>··</del>
5. (a)	Menachem Korf					
	Registered Agent and Registered Office shown on the records o	f the Flo	rida	Dept. of State	- ¢:	
	Menachem Korf			•		- ·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS		-	
	1257 Alton Rd #2					(
	Miami Beach	2215	20		-	د ،
		L <u>3313</u>			-	
(b)	Sarah Gopin					<u>.</u>
(117	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ndd	ress.		•
				<del>-111</del> .		
	Sarah Gopin					
	NEW Registered Office Address:					
	5650 Stirling Rd Suite 24					
		<del></del>		· <del>-</del> .		
	Hollywood	_3302	1			
If the li	mited liability company is not organized under the la	ws of t	he S	State of Flo	rida, it is hereby conf	irmed that after
agen w	nge or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited 1:	iabilitv	COL	nnany itie	hereby confirmed the	it the chance(n)
						wise provided in
١١١٥ ، ١١١١٥	cles of organization or the operating agreement of the	limite	d lu	ability com	pany.	
Minal	ure of p-nember or authorized representative of a member		en	achem Ko		•
					Printed or typed name of	agnee
provision he obli to mere notified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to a perfor d for it hereby	net i mai n Cl	n this capa ace of my d aupter 605, afirm that t	city. I further agree that its and I am famili. F.S. Or, if this document limited liability con	o comply with the ar with and accept nent is being filed npany has been
Signatur	e of Registered Agent					