

(Requestor's Name)					
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(A	ddress)				
(C	ity/State/Zip/Phone	#)			
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(B	Business Entity Nam	e)			
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12/18/17--01025--003 **25.00



COVER LETTER

то:	Registration Section Division of Corporations					
SUBJI	BISTRO CONCEPTS, LLC					
001767		f Limited L	iability Company	-		
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning this n	natter to the	following:			
JON	MARSHALL ODEN, ESQ.					
	Name of Person		_			
WILL	IS & ODEN, PL					
	Firm/Company		_			
2121	S. HIAWASSEE ROAD, SUTIE 116					
	Address			:		
ORLA	ANDO, FL 32835			,		
	City/State and Zip Code		_	:		
jdavi(@nonablue.com					
F:	-mail address: (to be used for future annual	report noti	fication)			
For fur	ther information concerning this matter, ple	ase call:				
JON	MARSHALL ODEN, ESQ.	407	903-9939			
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Numb	- er		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHSI	8 (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.	Na	me of the limited liability company: BISTRO COI	NCEPTS, LLC		
2.			(b)		
	(/-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
				1000116094	
3.		Date of filing/registration in Florida	4.	Document number	
5	(a)	BONA, CLIFFORD W.			
J.	(4)	Registered Agent and Registered Office shown on the records of 9685 LAKE NONA VILLAGE PLACE	f the Florida Dept. of S	State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		ORLANDO, F.	L_32827	<u> </u>	
	(b)	WILLIS & ODEN, PL c/o JON MARSHALL	ODEN, ESQ.	<u> </u>	
	. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	•	
		2121 S. HIAWASSEE ROAD, SUITE 116			
		NEW Registered Office Address:			
		ORLANDO F	L 32835		
the ag wa	e cha ent v is/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members inless of organization or the operating agreement of the	aws of the State of of the registered of liability company. of the limited liab e limited liability	fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in company.	
	(Jon Marsh	nall Oden, Esq. / Corporate Counsel	
	-	ture of a member or authorized representative of a member		Printed or typed name of signee	
pr the to	ovisi 2 obi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and writing of this change.	gree to act in this of e performance of i led for in Chapter I hereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Si	Kuntr	re of Registered Agent			