Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002913393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

gradule in contrast was a committee and in the contrast of the

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620 : (608)827-5300

: (608)827-5501 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE **GIRAFFAS DORAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help 12/17/2014

https://efile.sunbiz.org/scripts/efilcovr.exe



December 24, 2014

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

GIRAFFAS DORAL, LLC 201 SOUTH BISCAYNE BLVD. SUITE 1200 MIAMI, FL 33131

SUBJECT: GIRAFFAS DORAL, LLC

REF: L11000132252

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H14000291339 Letter Number: 114A00027228

RECEIVED
14 DEC 30 AM 10: 00
14 DEC 30 AM 10: 00
14 DEC 30 AM 10: 00

INHS18 (12/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: GIRAFFAS D	OORAL, LLC
<ol> <li>(a) Principal office address of limited liability comp (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	•
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1444 Biscayne Blvd Suite 216 Miami, Florida 33132
11/21/2011	L11000132252
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:	ZAYAS MORILLAS, LLC
Registered Office Address:	6303 BLUE LAGOON DRIVE, SUITE 400 MIAMI, FL 33126
NEW Registered Agent:  NEW Registered Office Address:	Business Filings Incorporated  515 E. Park Avenue
NEW Registered Office Address:	515 E. Park Avenuc
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	Tallahassee .FI 32301
if the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ne(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Ana Paula Oliviera	
Printed or typed name of signee	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 60.5, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability completely.	
Mark Williams, AVP Business Filings Inco	orporated ASSI
Division of Corporations, P.O. Bo FILING FEI	x 6327, Tallahassee, FL 32314

H4000291339 3