L/2000028522

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700237388607

07/16/12--01026--007 **25.00

2012 SOL 16 MINES

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mintz	Hearting + Cooking LL Name of Limited Liability Company	<u>C</u>
Dear Sir or Madam:		
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitte	ed for filing.
Please return all correspondence co	oncerning this matter to the following:	
Thurman M Name of Person	1: Az	7 20.
Minte He Firm/Company	eating + cooking LLC	DUZ JUL 16 M P F SECRETARY OF STATI
541 N.E Address	2nd Ase	OF STATE
Ft. har derdale City/State and Zip C	<u>e Fl. 333</u> 01	
E-mail address: (to be used for future and	tz e JAhos. com nnual report notification)	
For further information concerning	g this matter, please call:	
Thurman Mintz Name of Person	at (305) 510 - 4	735 one Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	RESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for th	e following amount:	
\$25 Filing Fee	S55 Filing Fee & Certifie	d Copy

INHS18 (5/08)

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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2000028522 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida linged liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member TURMAN Printed or typed name of signed

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. G. Or, if this accument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent