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7. HYBESTS

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: MIAMI EATS LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIZLE MOSSINI
Name of Person
MIAMI EATS UC
Firm/Company
2378 SW 26 LANE
Address
MIAU: FI - 32172
MIAMI - FL - 33133 City/State and Zip Code
dani el emossini eme. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
200 202 4224
Name of Person at (+86) 757 4274 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee
INHS18 (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

rioria	a.
1. Na	ame of the limited liability company: MAMI EATS UC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MINO 1 - FL - 33133
3. 5. (a)	Date of filing/registration in Florida CFA NEGISTENED AGENT ONP, Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3370 MC X STREET MIRMI FL 33133 DANIE G MOSSINI Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address: 2378 SW 26 MNE MIAMI FL 33133
the chagent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept diagations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a chaffe in the registered office address, I hereby confirm that the limited liability company has been ad in writing of this change.

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