L17000110357

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.
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LLC REGISTERED AGENT CHANGE
1223 LINCOLN CAFE, LLC

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

Pursuant to the provisions of section 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. Name of the limited liability company: 1223 Lincoln Cafe, LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
1223 Lincoln Road
Miami Beach, FL 33139

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

3. 06/05/2013 Date of filing/registration in Florida

4. L13000110357 Document number

5. (a) Alan W. Levine
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1110 Brickell Avenue, Suite 700, Miami, FL 33131
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*

FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
3350 Mary Street

Miami FL 33133

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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 limited 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 — Printed or typed name of signee

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 605, F.S. Or, if this document 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

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

IN#518 (2/14)