44000008113

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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600439037196

2974 BEC 18 FM 3: 37



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.

ì.	Name of the limited liability company: ALVAREZ	Z RESTAURANT I	HOLDINGS, LLC
2. (
(a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	uny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	427 NORTH ATLANTIC AVENUE	1	24 N Nova Rd #176
	DAYTONA BEACH, FL 32118		Ormond Beach, FL 32174-5122
	01/15/2014	L	14000008113
3.	Date of filing/registration in Florida	4.	Document number
5. ((a)		
·	Registered Agent and Registered Office shown on the rec ASSURED COMPLIANCE SERVICES, LLC	ords of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA ST		
	ORLANDO	, FL_32803	 _
(Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> Corporation Service Company	gistered Office addre	<u>v</u> :
	NEW Registered Office Address:		
	1201 Hays Street	-	 _
	Tallahassee	FL_32301	
char ager was the a	ne limited liability company is not organized under inge or changes are made, the Florida street address int will be identical. Or, in the case of a Florida lime /were authorized by an affirmative vote of the menticles of organization or the operating agreement of Philip K. Calandrino gnature of a member or authorized representative of a member	the laws of the Sta of the registered dited liability comp obers of the limite of the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in thity company. K. Calandrino, Authorized Person Printed or typed name of signee
I he prov the c	ereby accept the appointment as registered agent a visions of all statutes relative to the proper and convolved to	nd agree to act in npleie performanc rovided for in Cha ess. I hereby conf.	this capacity I further garee to comply with the
Sign	nature of Registered Agent		