

# L14000039484

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

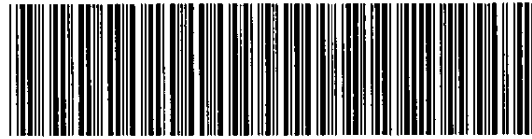
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NOT on our records*

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*L14-39484  
Stmnt of Change of RA*

FILED  
14 MAR 10 PM 1:30  
STATE OF FLORIDA  
TALLAHASSEE

MAR 10 2014

N. CAUSSEAU

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAN+MACHINE HOSPITALITY MANAGEMENT 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:

**WILL SHUMAN**

Name of Person

Firm/Company

**221 NE 17TH STREET**

Address

**MIAMI, FL 33132**

City/State and Zip Code

**WSHUMAN@TAYARSHUMAN.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**WILL SHUMAN** at ( **202** ) **415-8207**  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: MAN+MACHINE HOSPITALITY MANAGEMENT LLC
2. (a) 221 NE 17TH STREET  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
MIAMI, FL  
33132
- (b) 221 NE 17TH STREET  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
MIAMI, FL  
33132

3. MARCH 10, 2014 Date of filing/registration in Florida
4. L14000039484 Document number

5. (a) TAYAR, SHUMAN & ASSOCIATES LLP  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
221 NE 17TH STREET  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
MIAMI  
33132, FL

- (b) WILL SHUMAN  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
221 NE 17TH STREET  
NEW Registered Office Address:  
MIAMI  
33132, FL

FILED  
14 MAR 10 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Will Shuman  
Signature of a member or authorized representative of a member

WILL SHUMAN

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.*

Will Shuman  
Signature of Registered Agent

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
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MIAMI  
33132, FL

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33132, FL

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Will Shuman  
Signature of a member or authorized representative of a member

WILL SHUMAN

Printed or typed name of signee

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Will Shuman  
Signature of Registered Agent

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FILING FEE: \$25.00