

214000063236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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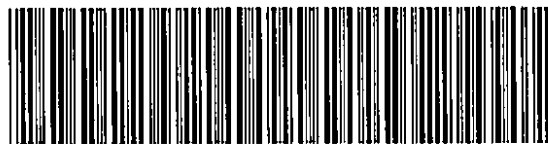
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S. PRAIRIE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP
ERNEST MASCARA
911 CHEST NUT ST.
CLEARWATER, FL 33757

SUBJECT: MAM RESTAURANT MANAGEMENT LLC
Ref. Number: L14000063236

We have received your document for MAM RESTAURANT MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00015227

REC'D
18 AUG -6 AM 10:32
DIVISION OF STATE
CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAM RESTAURANT 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:

ERNEST MASARA
Name of Person

JOHNSON, POPE, BOKOR, RUPPEL + BURNS, LLP
Firm/Company

333- THIRD AVE. NORTH, SUITE 200
Address

ST. PETERSBURG FL 33701
City/State and Zip Code

ERNESTM@JPFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNEST L. MASARA at (727) 642-7376
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: MAM RESTAURANT MANAGEMENT LLC
2. (a) 7755-133rd STREET NORTH
SEMINOLE, FL. 33776
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 7755-133rd STREET NORTH
SEMINOLE, FL. 33776
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 4-17-2014
Date of filing/registration in Florida
4. L14000063236
Document number

5. (a) JOHN WAECHTER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

721- FIRST AVENUE NORTH ST. PETERSBURG, FL 33701
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. PETERSBURG, FL 33701

- (b) ERNEST L. MASCARA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

333-3RD AVE. NORTH, SUITE 200
NEW Registered Office Address:

St. PETERSBURG, FL 33701

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.

Matthew Coder
Signature of a member or authorized representative of a member

MATTHEW CODER
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.

Ernest L. Mascara
Signature of Registered Agent