L14000117047

(Re	questor's Name)					
(Ad	dress)					
(0.4)	dress)					
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
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C. CARROTHERS

COVER LETTER

Division of Corporations								
GOURMET GROUP INTERNAT	IONAL, LLC							
SUBJECT: Name of	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.							
Please return all correspondence concerning this ma	tter to the following:							
LUIS DI PINO								
Namé of Person	· ·							
GOURMET GROUP INTERNATIONAL, LLC	C							
Firm/Company								
11386 MIRAMAR PARKWAY								
Address	·							
MIRAMAR, FL 33025								
City/State and Zip Code	 .							
INFO@ORNELLASRESTO.COM								
E-mail address: (to be used for future annual re	eport notification)							
For further information concerning this matter, please	se call:							
LUIS DI PINO	954 431-0448							
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 amo	ount:							
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy							
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.

1 Na	me of the limited liability company:	GOURMET GROUP INTERNATIONAL, LLC							
2. (a)	11386 MIRAMAR PARKWAY	11386 N			MIRAMAR PARKWAY				
2. (<i>a)</i>	Principal office address of limited li (Note: MUST BE STREET)		_ (Mailing address (Note: MAY				<u>':</u>
	MIRAMAR, FL 33025		- -	MIRAM	AR, FL 330	25			
	JULY 25, 2014			L140001	17047				,
3. 5. (a)	Date of filing/registration i		4.		Document n	umber	•	····	
J. (#)	Registered Agent and Registered Office sho	own on the records of the	ne Florid	a Dept. of Stat	_ e:				
	Registered Office Address (MUST BE I	FLORIDA STREET A	DDRES.	<u>S)</u>	_				
	MIAMI	, FL	33183)	- -	ZS			
(b)	LUIS DI PINO)330	en region of	1
(0)	Enter name of <u>NEW Registered Agent</u> and	/or NEW Registered	Office ac	ldress:	_	SSEE A	20	P p fi	· ·
	11386 MIRAMAR PARKWAY	,					7		
	NEW Registered Office Address:				_	NOA A	09		
	MIRAMAR	, FL_	33025	j	- -				
the cha agent v was/we the arti	imited liability company is not organinge or changes are made, the Florid will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of Florida limited lia of the members of agreement of the	the reg bility c f the lir limited	istered offic ompany, it i nited liabili	e and the bus is hereby con ty company o mpany. O	iness off firmed th r as other	ice of at the rwise	the regit change provide	stered (s)
I here provisi the obl to mer	ture of a member of authorized representative by accept the approintment as registerions of all stabilities relative to the prolingations of my position as registered ely reflect a change in the registered d in writing of this change.	and against and again	ee to ac perforn I for in sereby c	et in this cap nance of my Chapter 60 confirm that	Printed or typ pacity. I furth duties, and I 5, F.S. Or, if the limited li	or oaree	to co	mnlv wi	th the accept filed een

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

Signature of Registered Agent