45000 128970

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	dress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



300314035763

05/31/18--01021--015 **25.00



JUN O 1. 2619 J. HARRIS

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	KONNICHIWA CAFE, LLC					
SUBJECT	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the fo	ollowing:			
Kristina E.	Wilson, Esq.					
	Name of Person		_			
Simply Leg	gal, LLP					
	Firm/Company		_			
1395 Brick	cell Avenue, Ste 120					
	Address		_			
Miami, FI	33131					
	City/State and Zip Code		-			
kristina@s	simplylegalgroup.com					
E-mail	address: (to be used for future ann	ual report notific	ation)			
For further in	nformation concerning this matter,	please call:				
Kristina E.	Wilson	305	858-6208			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi: Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	osed is a check for the following	amount:				
☑ \$2	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:	A CAPE	:, LLU				
2. (a)	14401 NE 20TH LANE	(b) 14401 NE 20TH LANE					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	N	Mailing address of limite (Note: MAY BE POS			
	NORTH MIAMI BEACH. FL 33181	_	NORTH	MIAMI BEACH.	FL 33	181	
	07/28/2015		L1500012	28970			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	MALKA LIVINGSTON			_			
` ,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	· 2:			
	14401 NE 20TH LANE			_			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS	2	•			
	NORTH MIAMI BEACH ,, FL	33181			<u> </u>	2018	
(b)	SIMPLY LEGAL, LLP				***	- HUF 9102	POINTER.
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:				122
	1395 Brickell Avenue, Suite 120					ο; ∰	
	NEW Registered Office Address:			•	35		
	Attn: Legal Notices				ī. - - `	∞	
	Miami, FL	33131					
signa There provise the obe to mere	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the under a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete ignations of my position as registered agent as provided by reflect a change in the registered office address, I is writing of this change.	the regis ability co f the lim limited l	stered office ompany, it is ited liability iability com	e and the business of shereby confirmed y company or as other pany. Printed or typed name activ. I further agree	ffice of that the nerwise of signe	the received the change provide	gistered ge(s) ded in

Signature of Registered Agent