

L15 000156601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

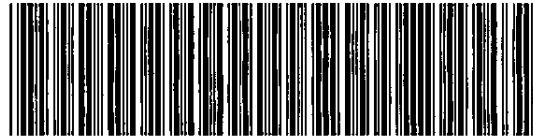
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DIVISION OF CORPORATIONS

16 OCT 20 PM 3:49

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OCT 20 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2016

KAVITA JAYA CLARK  
710 WASHINGTON AVE, STE CU #3  
MIAMI BCH, FL 33139

SUBJECT: CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, LLC  
Ref. Number: L15000156601

RECEIVED  
2016 OCT 20 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, 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):

The registered agent must sign accepting the designation.

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 916A00020214

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, 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:

KAVITA JAYA CLARK

Name of Person

CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, L

Firm/Company

710 WASHINGTON AVE, STE CU # 3

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

chokasmiami@gmail.com

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

For further information concerning this matter, please call:

KAVITA J CLARK

at ( 585 ) 775-7671

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: CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>710 Washington Ave, Ste CU 3</u> <u>Miami Beach, FL 33139</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>710 Washington Ave, Ste CU 3</u> <u>Miami Beach, FL 33139</u>
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3. <u>9/14/2015</u> Date of filing/registration in Florida	4. <u>L150000156601</u> Document number
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5. (a) Matthew Moore  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
330 N. Andrews Ave, Ste 450

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Fort Lauderdale, FL 33301

(b) KAVITA JAYA CLARK  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
710 Washington Ave, Ste CU 3  
NEW Registered Office Address:  
Miami Beach, FL 33139

**FILED**  
16 OCT 20 PM 3:49  
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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.

[Signature]  
Signature of a member or authorized representative of a member

Kavita J Clark  
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.*

[Signature]  
Signature of Registered Agent