LIQOOO	13770
(Requestor's Name) (Address) (Address)	000298968180
(City/State/Zip/Phone #)	, 06/27/1701002017 **25.00
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## 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	ane of the limited liability company: Les Canelailers Miami LLC.
2. (a)	(b)
2. (u)	Principal office address of limited liability company: (0)   (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company:   (Note: MAY BE POST OFFICE BOX)
	2000 collins are 60 Broad st, ste 3502
	Miami, Beach, FL 33139 New York, NY,0004
3.	January 20, 20(6 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
•	155 office Plaza Dr, 1st FL
	Tallamassee FL 12301 Son
(b)	Paragorp Incos porated
	inc office De 1stri
	<u>NEW</u> Registered Office Address:
,	
	TallahasseeFL_32301
the cha agent v was/we	inited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
<b>.</b>	Blandiaid
	ure of a member or authorized representative of a member Printed or typed name of signee?
ີ <i>ເກຍດ</i> ນເອນ	by acce <del>pt the</del> appointment as registered agent and agree to act in this capacity. I further agree to comply with the Ons of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept Igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to mere not <b>f</b> ie	is a finite position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
<u>X. k</u>	2418 On Laticia Burleson, Asst. Secretary
Signatur	re of Registered Agent /

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