## L16000040919

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Pusiners Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/12/2020	
	Chris Vick	_
Referen	ce #: <b>1231143</b>	_
Entity N	ame: DOC B'S FRESH KITCHEN	- AVENTURA PARKSQUARE, LLC
□ A	rticles of Incorporation/Authorization	to Transact Business
A	mendment	
V C	change of Agent	
□R	teinstatement	
	Conversion	
N	1erger	
	Pissolution/Withdrawal	
F	ictitious Name	
	Other	
Authoriz	red Amount: \$25.00	

## COVER LETTER

OT:

INHS18 (2/14)

Registration Section

Division of Corporations DOC B'S FRESH KITCHEN - AVENTURA PARKSQUARE, LLC SUBJECT: 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: ROBERT N. KAMENSKY, ESQ. Name of Person THOMPSON COBURN Firm/Company 55 E. MONROE STREET, 37TH PLOOR Address CHICAGO, IL 60603 City/State and Zip Code JRUBENS@KLUGERKAPLAN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HEATHER J. KOCIARA, PARALEGAL 580-5097 Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy S25 Filing Fee

## 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:DOC B'S FRESH	KITC	HEN - AVENTI	URA PARKSQUARE, LLC	_	
2.	(a)			(b)			
	(- <i>)</i> .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	N	falling address of limited liability company: (Note: MAX BE POST OFFICE BOX)	_	
		213 W. INSTITUTE PLACE		213 W. INS	STITUTE PLACE		
		SUITE 701	_	SUITE 701		_	
		CHICAGO, IL 60610		CHICAGO,	IL 60610		
3.		Date of filing/registration in Florida	4.		Document number	_	
5	(a)						
J. (a)	(4)	Registered Agent and Registered Office shown on the records of t	he Flo	rida Dept. of State	. ~		
		COGENCY GLOBAL INC.			2020 JUH		
		Registered Office Address (MUST BE FLORIDA STREET)	IDDR.	<u> </u>	.:		
		115 N. CALHOUN ST., #4					
		TALLAHASSEE	3230		2		
				<del></del>		•	
	<b>(b)</b>						
	•	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	. 3		
		KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVINE, P.L.					
		NEW Registered Office Address:					
		201 S. BISCAYNE BOULEVARD, 27TH FLOOR					
		MIAMI, FI_	33131	 			
eba age was the	inge int w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. On in the case of a Florida limited liabre authorized by an afformative vote of the members of cles of organizations. The agreement of the l	regist bility f the l imite	ered office and company, it is imited liability d liability comp	the business office of the registered hereby confirmed that the change(s)	2	
Š	gnati	ure of a member or muthorized representative of a member	_	<del></del>	Printed or typed name of signee	_	
		ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided to reflect a change in the registered office address, I him writing of this change.	e to d erfor for ti ereby	nct in this capa mance of my di n Chapter 605, confirm that th	city. I further agree to comply with the utles, and I am familiar with and accep F.S. Or, if this document is being filed se limited liability company has been	ŗ	
N <sub>2</sub>	im:	of BCDD FEED JOSEN M. RUBENS, ESO					