LICOCOPSUZE

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)	<u> </u>					
(Document Number)						
ertified Copies Certificates of Stat	us					
Special Instructions to Filing Officer:						

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J. HARRIE

COVER LETTER

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INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJI	ECT: Olympia Grill LLC							
	Nan	ne of Limite	d Liability Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to	the following:					
Richa	rd L Wise, Esquire							
	Name of Person							
Coun	sellor at Law							
	Firm/Company							
51 W	ashington Square North							
	Address							
Salen	n. Massachusetts 01970							
	City/State and Zip Code							
_	wiseadvice.biz							
E	E-mail address: (to be used for future ann	nual report n	otification)					
For fur	ther information concerning this matter,	, please call						
Rich	ard L Wise, Esquire	at (_978	594-0678					
	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	٥	\$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. N	lame of the limited liability company: Olympia Grill	LLC					
2. (a)							
1/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(4)	Mai	iling address of limite Note: MAY BE POS	ed liabilit	y comp	any:
	13800 Jog Road; Unit 101						
	Delray Beach, Florida 33446						
	May 12, 2016		L1600009	93628			
3.	Date of filing/registration in Florida	4.	Do	ocument number	,		
5. (a)						
J. (G	Registered Agent and Registered Office shown on the records of	f the Florida De	ept. of State:				
	CT CORPORATION SYSTEM						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Σ_{α}	~	
	1200 SOUTH PINE ISLAND ROAD					=======================================	-
	PLANTATION , FI	L_33324				AUG -	, ;
					Asser (Lokio)	7 [يسي. تستيمن
(b)					in the	PH	1 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				图表	?: 3	
	Louis Poulias				Ş.m	33	
	NEW Registered Office Address:						
	8876 Shoal Creek Lane						
		•					
	Boynton Beach	L <u>33</u> 472					
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the register iability composite of the limite c limited liab	red office ar pany, it is he d liability c pility compa	nd the business of ereby confirmed company or as oth	office of that the	the re	gistered ge(s)
X	ature of a member or authorized representative of a member	Louis	Poulias	rinted or typed name	of siam an		
I hero provis the ob to men notifie X	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a charge in the registered office address, I ed in writing of this change.	2 performan	this capaci ce of my dut	ity. I further agre ties, and I am fan	ee to co niliar w	mply v ith and	d accept
Signat	ure of Registered Agent						