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COVER LETTER

TO: Registration Section Division of Corporations

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PUBBELLY SUSHI DEVELOPMENT LLC

SUBJECT:

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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:

Lauren Quattromani

Name of Person

AxS Law Group PLLC

Firm/Company

1815 Purdy Ave

Address

Miami Beach, Florida 33139

City/State and Zip Code

lauren@axslawgroup.com

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

For further information concerning this matter, please call:

Lauren Quattromani	305 297-1878 at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	·		

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

E.

16 AUG 16 PH 12:

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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.

Floria		ELLY SUSHI DEVE			
1. N 2. (a)	ame of the limited liability company: 3634 NW 2ND AVE, MIAMI, FL 33127	7 363	(b)		
2. (d)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany:			
	07/01/2016	L160	000126250		
3. 5. (a	Date of filing/registration in Florida DANIEL PENA	4.	Document number	1 IAI	
2. (u)	Registered Agent and Registered Office shown on the r 3634 NW 2ND AVE	of State:	CRE TAL		
	Registered Office Address (MUST BE FLORIDA)	<u>STREET ADDRESS)</u>		RY OF STATE SSEE. FLORU	
	MIAMI	33127 , FL			
(b)				م <i>د</i> ر	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW F</u>	<u>egistered Office address</u> :			
	1410 20TH ST <u>NEW</u> Registered Office Address:				
	MIAMI BEACH	33127			
the ch agent was/w	limited liability company is not organized under ange or changes are made, the Florida street ac will be identical. Or, in the case of a Florida li- vere authorized by an affirmative vote of the me ticles of organization or the operating agreement	ddress of the registered imited liability compan embers of the limited lint nt of the limited liability	office and the business off y, it is hereby confirmed the iability company or as other	ice of the registered at the change(s)	
	ture of a member or authorized representative of a memb		Printed or typed name of signee		
I here provis the ob to men notifie	eby accept the appointment as registered agent sions of all statutes relative to the profer and c ligations of my position as registered agent as relyreflect of onange in the registered office ad ed in writing of this change.	and agree to act in thi complete performance of provided for in Chapta dress, I hereby confirm	is capacity. I further agree of my duties, and I am Jamil er 605, F.S. Or, if this doct 1 that the limited liability co	to comply with the liar with and accept ament is being filed ompany has been	
Signat	are of Registered Agent				

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

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