

L160000140555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

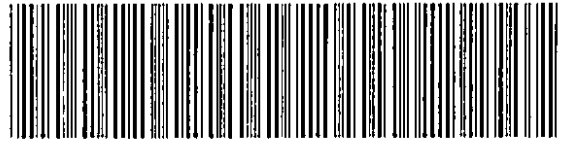
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 12 PM 1:10

JUN 12 AM 5:32

V. S. K. P.

JUN 13 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 06/12/2020

Name: Chris Vick

Reference #: 1231141

Entity Name: DOC B'S FRESH KITCHEN - CORAL GABLES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: CV \$25.00

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOC B'S FRESH KITCHEN - CORAL GABLES, 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:

ROBERT N. KAMENSKY, ESQ.

Name of Person

THOMPSON COBURN

Firm/Company

55 E. MONROE STREET, 37TH FLOOR

Address

CHICAGO, IL 60603

City/State and Zip Code

IRUBENS@KLUGERKAPLAN.COM

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

For further information concerning this matter, please call:

HEATHER J. KOCLARA, PARALEGAL

at (312) 580-5097

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: DOC B'S FRESH KITCHEN - CORAL GABLES, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>213 W. INSTITUTE PLACE</u> <u>SUITE 701</u> <u>CHICAGO, IL 60610</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>213 W. INSTITUTE PLACE</u> <u>SUITE 701</u> <u>CHICAGO, IL 60610</u>
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3. 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:
COGENCY GLOBAL INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
115 N. CALHOUN ST., #4
TALLAHASSEE, FL 32301

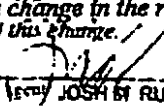
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVINE, P.L.
NEW Registered Office Address:
201 S. BISCAYNE BOULEVARD, 27TH FLOOR
MIAMI, FL 33131

JUN 12 AM 5:32
STATE OF FLORIDA
TALLAHASSEE, FL

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 of a member or authorized representative of a member	ROBERT N. KAMENSKY, ESQ. _____ Printed or typed name of signer
--	--

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 of Registered Agent JOSH M. RUBENS, ESQ.

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