

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L16000304224 354

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To:	Division of Corporations Fax Number : (850) 617-6383
From:	Account Name : SERVICIOS COMUNITARIOS LATINOS INC Account Number : I20080000080 Phone : (305) 642-1090 Fax Number : (305) 642-1010

FILED  
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 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Exec.ass+@italiannis.com

**LLC REGISTERED AGENT CHANGE  
SABORES RESTAURANT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
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DEC 14 2016  
 J. HARRIS

(H16 000 3042243.)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SABORES RESTAURANT 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:

THARINE J MORALES

Name of Person

Firm/Company

777 BRICKELL AVE STE 950

Address

MIAMI, FL. 33131

City/State and Zip Code

exec.asst@italiannis.com

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

For further information concerning this matter, please call:

THARINE J MORALES

at ( 305 ) 961-1181

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

(H16 000 3042243.)

CH160003042243

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: SABORES RESTAURANT LLC

2. (a) 777 BRICKELL AVE STE 950 (b) 777 BRICKELL AVE STE 950

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

MIAMI, FL. 33131

MIAMI, FL. 33131

11/02/2016

L16000202354

3. Date of filing/registration in Florida

4. Document number

5. (a) JUAN C. CACHOUA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

777 BRICKELL AVE STE 950

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

(b) CHEF JAMES LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

777 BRICKELL AVE STE 950

NEW Registered Office Address:

MIAMI, FL 33131

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.

X [Signature]  
Signature of a member or authorized representative of a member

JUAN C CACHOUA  
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.

X [Signature]  
Signature of Registered Agent

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

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