To: Page 2 of 4

12/20/2017

617006240162 3239628300 From: Meghan Smith

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003333873)))



H170003333873ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number **Enter the email address for this business 'entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: LLC REGISTERED AGENT CHANGE L'ATELIER DE FERNANDE RÉSTAURANT, LLC Certificate of Status Certified Copy 1 03 Page Count \$55.00 Estimated Charge ر. اورا

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: L'ATELIER DE FERNANDE	E RESTAURA	NT, LLC			
	ne of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filling.			
Please return all correspondence concerning th	is matter to the	following:			
Cheyenne Moseley					
Name of Person		_			
Legalzoom.com, Inc.					
Firm/Company		_			
101 N. Brand Blvd., 10th Floor		!			
Address		_			
Glendale, CA 91203					
City/State and Zip Code					
tamara2014@yahoo.com					
E-mail address: (to be used for future and	nual report notif	ication)			
For further information concerning this matter	, please call:				
Cheyenne Moseley	8 0 0	773-0888 ext 9724			
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	Re Di [.] P.(MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	g amount:				
□ \$25 Filing Fee	. \$:	55 Filing Fee & Certified Copy			
INTERESTAL					

1NHS18 (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, Floridu 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.

2. (a)		(b)				·	
	Principal orfige address of limited liability company: (Note: MUST BE STREET APPRESS)		М	miling address of			
	511 IVES DAIRY RD., F202		511 IVES	DAIRY RD			
	MIAMI, FL 33179	·		FL 33179			
	11/21/2017	L	.1700024	0102			
3.	Date of filing/registration in Florida	4.	1	Document num	ber		·
5 (a)						•	
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida [Oupt. of State:				
	EMMANUEL K. DEMOSTHE				三 10	17	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)				0	
	11460 SW 224TH ST.					Œ.	T
	MIAMI	FL_33170				20	<u> </u>
		a hi				. P	[F]
(p)	Enter name of NEW Registered Agent und/or NEW Registe	rod Office addr	288:		Ha :	Ö	
	EMMANUEL K. DEMOSTHENES	:				: 23	
	NEW Registered Office Aphlyses:			•			•
•	11460 SW 224TH ST.						
	MIAMI	FL 33170					
the che agent was/w the art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical, Or, in the case of a Florida limiter ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	laws of the S s of the registe d liability con rs of the limit the limited lia	ered office npany, it is sed liability ability com	and the busine hereby confirm company or as	ess office of that the southerwise otherwise	ot the t he char	egistered ige(s)
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee				
I here provis the ob- to mer	by accept the appointment as registered agent and ions of all statues relative to the proper and compl ligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act i lefe performa idea for in Ci , I hereby coi	n this capa nce of my d hapter 605, nfirm that t	icity. I further tulies, and I an F.S. Or, if thi he limited liab	agree to 1 familiar 1st docume 1 lity comp	comply with a nt is be any ha	with the nd accept sing filed is been
Emm	ance Demostranes EMMANUEL K. DEMOST	HENES					