

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Nar	ne)			
(Do	cument Number)				
0.07.10	0.00	10.			
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		•			

Office Use Only



800317843018

09/06/18--01028--013 **425.00

2010 SEP -6 PH 2: 86

n RRUCE SEP 1 4 2018

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	MGCS 283, LLC			
	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to the	following:	
Bernard H	l Vogel			
	Name of Person		_	
MGCS 28	3, LLC			
	Firm/Company		_	· 22
901-A Clin	nt Moore Road			2010 SEP SECRET
	Address			P -6
Boca Rato	on, FL 33487	_		
	City/State and Zip Code	·=·		2: 5 LORGE LORGE
_	amisubs.com			
E-mail	address: (to be used for future an	nual report notif	ication)	
For further in	nformation concerning this matte	r, please call:		
Bernard H	Vogel	516	395-8103	
	Name of Person		Area Code & Daytime Telepl	hone Number
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the followin	g amount:		
\$ \$	25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
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 Statutts, the undersigned limited liability company submits the following statement in order to change its registered office α registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: MGCS 283,	LLC
2 (a)		(b)
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	901-A Clint Moore Road	901-A Clint Moore Road
	Boca Raton, FL 33487	Boca Raton, FL 33487
	1/10/2018	L18000009896
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Miami Subs Franchising Co	orΔ
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)
	6300 NW 31st Avenue	•
	Fort Lauderdale	33309
	, FL	
71-5	Miami Grill Franchising G	All CP
(b)	Enter name of NEW Registered Agent and/or NEW Refistered	Office address:
		
	NEW Registered Office Address:	of S
	901-A Clint Moore Road	
	Boca Raton Fi	33487
1	ou charrens are made-the blorids street address of	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered
		ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
vas/we he arti	cles of organization of the operating agreement of the	limited liability company.
	100	Bernard H Vogel
Signat	ure of a member or suthorized representative of a member	Printed or typed name of signee
l herel provisi he obli o mere potified	by accept the appointment as registered agent and aground of off statutes relative to the proper and complete gations of my position as registered agent as provide by reflect organization of this change in the registered office address. It in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am jamillar with and accept a for in Chapter 005, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Clt-	all aniciard Acet	
signatur	e of Registered Agent	CAAM (0.11.) TV 445.4
	Division of Corporations P.O. I	Box 6327 • Tallahassee, FL 32314 FE: \$25.00