<u>1180000 48823</u>

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|-------------------|---|-----------------------------|--|
| MenuStarz LLC SUBJECT: | | | | |
| | imited Li | ability Company | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Cha | ange and | fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matt | er to the f | following: | | |
| Adam Rubenstein | | | | |
| Name of Person | | _ | | |
| MenuStarz LLC | | | | |
| Firm/Company | | | | |
| 701 SE 21st Avenue, #104 | | | | |
| Address | | _ | 2019 TAL | |
| Deerfield Beach, FL 33441 | | | 2019 MAR 28 DECRETARIASS | |
| City/State and Zip Code | | _ | 1888 1888 1888 | |
| adamsrubenstein@gmail.com | | | | |
| E-mail address: (to be used for future annual rep | oort notifi | cation) | 9: 13 STATE STATE | |
| For further information concerning this matter, please | e call: | | | |
| Adam Rubenstein | 561 | 809-6929 | | |
| Name of Person | - | Area Code & Daytime Telephon | e Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg Div P.O | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following amou | nt: | | | |
| ☐ \$25 Filing Fee | 2 1 S5 | 5 Filing Fee & Certified Conv | | |

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.

| 1. N | ame of the limited liability company: MenuStarz Ll | _C | |
|---|---|--|---|
| 2. (a) | 701 SE 21st Avenue, #104 | (b) 701 SE | 21st Avenue, #104 |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Deerfield Beach, FL 33441 | Deerfiel | d Beach, FL 33441 |
| | 3/25/19 | L180000 | 48823 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | United States Corporation Agents, Inc. | | _ |
| | Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court | the Florida Dept. of Sta | le: |
| | Registered Office Address (MUST BE FLORIDA STREET) A | ADDRESS) | 2018 HAR |
| | Tampa . FL | 33612 | R 28 |
| (b) | Adam Rubenstein | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | – ကြို့ ကြို့ |
| | 701 SE 21st Avenue | | |
| | NEW Registered Office Address: | | _ |
| | #104 | | _ |
| | Deerfield Beach, FL | 33441 | _ |
| the ch agent was/w the art Sign | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ligger authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member or by accept the appointment as registered agent and agreement agent. | the registered office ability company, it of the limited liability company. Adam Ruber The registered office ability company and a second company are to act in this can be able to act in this can be act in this can be able to act in the act in this can be able to act in this can be able to act in this can be act in the act in this can be act in the act in this can be act in the act in t | re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Instein Printed or typed name of signce Printed or typed name of signce |
| provis the ob to mei notific | ctions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I is ad inverting of this change. | performance of my d for in Chapter 60 hereby confirm that | duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |