L18000053115

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
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(Document Number)			
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SECRETARY OF STATE
TALLAHAS SESTATE

COVER LETTER

	egistration Section vision of Corporations	•
SUBJECT	Sushi Shack Las Olas LLC	
SOBSEC.	Name of Li	mited Liability Company
Dear Sir or	r Madam:	
The enclos	sed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please retu	irn all correspondence concerning this matte	r to the following:
Justin Lee		
	Name of Person	
Sushi Shac	k Las Olas LLC	
	Firm/Company	
7901 4th S	t N, STE 300	
	Address	
St. Petersb	urg , F1. 33702	
-	City/State and Zip Code	
justin@ilov	vesushishack.com	
E-ma	ail address: (to be used for future annual repo	ort notification)
For further	r information concerning this matter, please	call:
Justin Lee		858 722 7878
	Name of Person	Area Code & Daytime Telephone Number
Ri D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303
Ei	nclosed is a check for the following amour	nt:
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2	2heck #97 - 1/31/2020	

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Charge		No Covarial
	6/25/2020		L130000 53115
i. i. (a)	Date of filing/registration in Florida Registered Agents Inc.	4.	Document number
. (4)	Registered Agent and Registered Office shown on the records Registered Agents Inc.	s of the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STRE 2319 N ANDREWS AVE	ET ADDRESS)	•
	WILTON MANORS, FL 33311 US	, FL	2020 AL
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	cred Office addres	M. S. V. C. T.
	Registered Agents Inc.		Barre Table
	NEW Registered Office Address: 7901 4th St N, STE 300		agour vigin & agent
	St. Petersburg , FL 33702	. FL	agent of agent charge of agent
hange gent v vas/we ne arti	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the ture of a member of withoused representative of a member	the registered of I liability compa rs of the limited	te of Florida, it is hereby confirmed that after the ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
l herei provisi he obl o mere	by accept the appointment as registered agent and of all statutes relative to the proper and completing attentions of my position as registered agent as providing the reflect a change in the registered office address, if in writing of this change.	agree to act in to ete performance ided for in Chap . I hereby confir	his canacity. I further agree to comply with the