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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803

: (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE MR. MUNCH LLC

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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. Na	ame of	the limited liability company: Mr	. Munch	n LL	C			
2. (a)	4220 MONGEDDATE ST			(b) 4320 MONSERRATE ST				
4. (d)		Principal office address of limited liability of (Note: MUST BE STREET ADDRE		- ''		Mailing address of li (Note: MAYBE)	mited hability co	
	СО	RAL GABLES, FL 33146		-	CORAL	GABLES, FL	33146	
	05/29	9/2018			L18000:	131989	(
3.		Date of filing/registration in Flor	ida	4.		Document num	ber	-
5 (a)	ASH	EMIMRY, IBRAHIM N						
5. (a)		ered Agent and Registered Office shown on t	he records of th	e Florida	Dept of Stat	e:		
	164	3 BRICKELL AVE #3505						
	Regist	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	بــ	;
	MIA	AMI	ra S	33129		_	. (104.30
			1 12_			_		·
(b)	Reg	gistered Agents Inc.				_		PH 9: 02
	Enter n	rame of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered C)Mice <u>ad</u>	dress.		,	ر ب
	790	01 4th St N						121
	NEW	NEW Registered Office Address				_		
	STE	≡ 300				. <u>.</u>)
	St	Petersburg	,., 3	33702	2			I
	<u> </u>	- reterobarg	, FL_					
the chi agent ' was/w	ange or will be ere aut	liability company is not organized use changes are made, the Florida stree identical. Or, in the case of a Florida horized by an affirmative vote of the forganization or the operating agree	t address of t la limited liat : members of	he regi pility co the lin	stered offic ompany, it i nited liabili	e and the busines is hereby confirm ty company or as	ss office of the ned that the ch	: registered ange(s)
	-B	ilung Tark		Rile	ey Park		·	1
		nember or authorized representative of a m				Printed or typed n		
provis the ob to mer natifie	ions of ligation why refl ed in My	ept the appointment as registered age fall statutes relative to the proper arms of my position as registered agentlect a change in the registered office riting of this change. Bill Havre	gent and agre nd complete p t as provided address, I he - Assistant	erjorn for in ereby c	iance of my Chapter 60: onfirm that	oacity. I further a duties, and I am 5, F.S. Or, if this the limited liabi	agree to comp Jamiliar with a document is l lity company k	ly with the and accept being filed jas been
Signate	nte of Re	egistered Agent						