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R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MEET AND CHEESE LLC. Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LONENZO SILVESTAI Name of Person
SILVESTAI INTERNATIONAL CORP. Firm/Company
2 SOUTH BISCAYNE BWD. STE 2490 Address
MIAMI FL 33131 City/State and Zip Code
L SILVESTRI @ SILVESTRI—INTERNATIONAL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 803 - 8444 Name of Person Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☑ \$55 Filing Fee & Certified Copy

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:	иD	CHEES	<u>ZĒ</u>	UC.			
2. (a)	7860 NW 46 ST	æ	, 77	360	NW	46	54	
_ , ,,	Principal office address of limited liability company:			stailing a		imited liabi	-	
	(Note: MUST BE STREET ADDRESS)		N 0 /			<u>POST OF</u>		<u>(2.4)</u>
	DORAL FL 33166	_	1201	(11)	, FC_	3310	50	
		_						
	01/18/19		L 190	000	D 20	763		
3.	Date of filing/registration in Florida	4.		Docun	ient num	ber		
5. (a	GUSTO ITALIANO INVESTMEN	276	LLC.					
	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of State	: ::				
	2 SOUTH BISCAYNE BLUD	STE	2490					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>					
	MIAM) FL	33	131			()	2	
		_	•	•		<u> </u>	2019 KAR	
(b)		را				<u>. </u>	## 	- T
	Enter name of NEW Registered Agent and/or NEW Registered 6	Office ad	<u>dress</u> :				25	<u> </u>
	? SOUTH BISCAYNE BLUD, S	STE	2490			12.	- <u>P</u>	
	NEW Registered Office Address:		-			13 (C)	PM 4: 0!	9
						ر آرا	05	
	MIAMI FL	<u> 33</u>	131					
If the	limited liability company is not organized under the law	s of the	State of Flo	orida, it	is hereb	y confirm	ned tha	t after
the ch	ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lia	he regi:	stered office	and th	e busine:	ss office (of the i	registered
was/w	ere authorized by an fiffirmative vote of the members of	the lin	iited liability	y compa				
the ar	icles of organization or the operating agreement of the I		-	-	~ \ / .	10.1	.k /	- 0
Sign	iture of a member or authorized representative of a member		MAURO	Printed	or typed n	ame of sign	Ce PIO	10
I here provis the ob- to mer	thy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided yelv reflect a change in the registered office address. I had in writing of this change.	re to act	in this cape	acity. I	further i	ugree to c	omnly	with the