## LIA CCCC 97352

(Re	questor's Name)					
(Address)						
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(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Ru	siness Entity Na	me)				
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(Do	cument Number	)				
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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FILED
2021 JAH 15 PH 1: 17
SECRETARY OF STATE

2/23/21

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	TWO SISTERS RESTAURAN	T. LLC	
SO DOIL	· · ·	Name of Limited Lia	ability Company
Dear Sir	r or Madam:		
The enc	losed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.
Please r	eturn all correspondence concernir	ng this matter to the fo	ollowing:
Mario L	ai		
	Name of Person	-	_
	Firm/Company		_
260 Crai	ndon Blvd. Unit 29-30		
	Address		_
Key Bis	cayne, FI, 33149		
	City/State and Zip Co	de	
mario.la	i300@gmail.com		
E-	mail address: (to be used for future	e annual report notific	ation)
For furtl	her information concerning this ma	atter, please call:	
Mario L		786 at (	502-1999
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	□ \$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	lame of the limited liability company:	RESTAU	RAN	NT, LLC	
2. (a)	260 Crandon Blvd, Unit 29-30	(ł	b) 2	260 Crandon Blvd, Uni	it 29-30
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	··) <u> </u>	•	s of limited liability company;  Y BE POST OFFICE BOX)
	Key Biscayne		K	Cey Biscayne	
	Ftorida, 33149		FI	Torida, 33149	
	H18119		L19	9000097252	
3.	Date of filing/registration in Florida	4.		Document i	number
5. (a	)				
,	Registered Agent and Registered Office shown on the records of INTERNATIONAL REGISTERED AGENT	of the Florida	a De <sub>l</sub>	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	TADDRESS	<u>S)</u>		~
	3650 NW 82ND AVE, Suite 401				021 SEC
	Doral , F	L 33166			FILL 2021 JAN 15 SEGRETAR SEALLAIR
(h)					SS P
(b)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office ad	idres	<u>'''</u>	PH I: 17
	Mario Lai				17 FILE
	NEW Registered Office Address:				
	260 Crandon Blvd, Unit 29-30				
	Key Biscayne	L			
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere iability co of the limited l	ed o omp nited	office and the busine pany, it is hereby con d liability company on ility company.	ss office of the registered firmed that the change(s)
Sign	ature of a member or authorized representative of a member			Printed or typ	ped name of signee
provis the ob- to met	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ligations of my position as registered agent as provided rely reflect a change in the registered office address, led in writing of this change.	e nerform	once	e of my duties, and l	am familiar with and accept
Signat	ure of Registered Agent				