L19000140636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 01 2019

M. SOLOMON

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CHANGE OF AGENT FOR:

JAPAN MEALS, LLC

PLEASE RETURN A STAMPED COPY

CK# 8297 FOR: $25.00

THANK YOU!

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. Name of the limited liability company: JAPAN MEALS, LLC

2. (a) 8777 COLLINS AVE. UNIT 612
SURFSIDE, FL 33154
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

(b) 8777 COLLINS AVE. UNIT 612
SURFSIDE, FL 33154
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3. JUNE 3, 2019
Date of filing registration in Florida

4. L19000140636
Document number

5. (a) LUDY ISIDRA ZAMBRANO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

8070 NOVA DR. UNIT 109 B.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

DAVIE, FL 33324

(b) LUDY ISIDRA ZAMBRANO
Enter name of NEW Registered Agent and/or NEW Registered Office address

7080 NOVA DR. APT 109B
NEW Registered Office Address

DAVIE, FL 33317

2019 JUL 31 AM 9:45

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Camila Abunwad Aviles, Manager
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHSN 12-14)