

L96000000053

LAW OFFICES  
WEISENFELD & ASSOCIATES, P.A.

550 BILTMORE WAY  
SUITE 1120  
CORAL GABLES, FLORIDA 33134

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. LES HALLES MIAMI LC.  
(Corporation Name)

L96-53  
(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01 MAY -2 AM 8:20

FILED

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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 608.416 or 608.508, 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. The name of the limited liability company is: Les Halles Miami, L.C.
2. The mailing address of the limited liability company is : 2415 Ponce de Leon Boulevard  
Coral Gables, Florida 33134

3. Date of filing/registration in Florida 1/16/96
4. Document number L96-53

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael Schiffrin, Esq.  
Name  
One S.E. Third Ave., Suite 1450  
Address  
Miami, FL 33131  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Joseph J. Weisenfeld  
Name  
550 Biltmore Way, Suite 1120  
Florida street address (P.O. Box NOT acceptable)  
Coral Gables FL 33134  
City, State and Zip

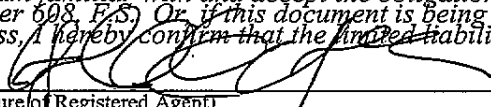
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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

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)

Jose Meirelles  
(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 608, 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