490086

(F	Requestor's Name)				
(Address)					
(Address)					
(0	Dity/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Miami Grill USA Inc.							
Name of Corporation							
DOCUMENT NUMBER: L96086							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Bernard H Vogel							
Name of Contact Person							
Miami Grill USA Inc							
Firm/Company							
901-A Clint Moore Road							
Address							
Boca Raton, FL 33487							
City/State and Zip Code							
shari@miamisubs.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Bernard H Vogel Name of Contact Person Name of Contact Person at (516) 395-8103 Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Street Address: Amendment Section							
Amendment Section Amendment Section Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building							
Tallahassee, FL 32314 2661 Executive Center Circle							

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitte	ections 607.0502, 617.05 ed for a corporation orgo registered office or regis	mized under the laws o	f the State of Florida		
1. The name of	the corporation:	.: Miami Grill USA	Inc.			
2. The principal	office address:	901-A Clint Mooi	re Road			
		Boca Raton, FL 3				
3. The mailing a	address (if diffe	erent):				
4. Date of incorp	poration/qualifi	ication: 8/28/1990	Document num	ber: L96086		
		of the current registered: (If resigned, enter resign		fice on file with the		
	Bernard H	l Vogel				
	6300 NW 31st Avenue					
	Fort Laude	erdale, FL 33309		7.55 B		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					, <u> </u>	
	Bernard H	l Vogel			ا ي	
	901-A Clin	nt Moore Road		ORIGINAL CONTRACTOR	ය. න	
	Roca Pato	P.O Box NO on, FL 33487	T acceptable	حتر		
/ (ess of its/registe be identical.	ered office and the stree yresolution duly adopte corporation has been no				
	7	>	Bernard H Vog	ıel		
Signatu	re of an officer or dir	rector	_	ped name and title		
I furthér`agrée i performance of agent. Or, if thi	o comply with my duries, and is document is t	nt as registered agent at the provisions of all sta Tam familiar with and being filed merely to ref ation has been notified	tutes relative to the pro accept the obligation o lect a change in the rej	oper and complete If my position as regi gistered office addre	stered ss. I	
	- 7/X		August 27, 201	18		
Sign	nature of Registered	Agent		Date		
If signing on be	half of an entity	y:				
Bernard H \						
Ty	rped or Printed Name	i¢.				

* * * FILING FEE: \$35.00 * * *