

MD300000472

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383***RE-SUBMIT***

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368**Please retain original filing
date of submission 11/21**

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
DPB RESTAURANT SERVICES, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA
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Corporate Filing Menu

Help

NOV 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DPB RESTAURANT SERVICES, 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:

Marcel Doron

Name of Person

Dinex Group

Firm/Company

16 E. 40th St. 4th Floor

Address

New York, NY 10016-0113

City/State and Zip Code

mdoron@dinexgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcel Doron

212

794-2329

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



November 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DPB RESTAURANT SERVICES, LLC
FAX FILINGC T CORPORATION SYSTEM**
16 EAST 40TH ST
NEW YORK, NY 10016

SUBJECT: DPB RESTAURANT SERVICES, LLC
REF: M03000001472

RE-SUBMIT

Please retain original filing
date of submission 11/21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

FAX Aud. #: H14000271051
Letter Number: 514A00024867

RECEIVED
NOV 24 PM 1:27
DIVISION OF CORPORATIONS

**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: DPB RESTAURANT SERVICES, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

301 AUSTRALIAN AVE C/O THE DINEX GROUP 16 EAST 40TH STREET
PALM BEACH, FL 33480 NEW YORK, NY 10016

06/19/2002

3. Date of filing/registration in Florida 4. M03000001472
Document number

5. (a) DIAMOND, BRIAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

301 AUSTRALIAN AVE.
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
C/O CAFE BOULUD
PALM BEACH, FL 33480

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324

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

MARCEL ACZON
Printed or typed name of signer

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.

C T Corporation System
By: Connie Bryan
Signature of Registered Agent

Connie Bryan
Assistant Secretary

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

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