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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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COVER LETTER

Division	ation Section n of Corporations					
SUBJECT:	Incredible	Mario's o	of Boca .	LLC mpany		
Dear Sir or Mad	lam:					
The enclosed Re	egistered Agent/Registere	ed Office Change	and fee(s) are	submitted for filing		
		_		_	•	
Please return all	correspondence concern	ing this matter to	the following:			
	Name of Person Osteria Firm/Company					
	Address Address Action, Fl. City/State and Zip C	- <i>3</i> 3431			2016 JUN -2 1 SEURETARY O TALLAHASSEE.	
d	Inmbakeraa	ol, com			(P SIV	
	dress: (to be used for futu		notification)		P 3 43	No. of Lot
For further info	rmation concerning this n	natter, please call	:		₽ ~	
<u>Ma</u>	Y Baker Wame of Person	at (_		39-7000 6 ode & Daytime Telep		
Registra Division Clifton 2661 Ex	ET/COURIER ADDRES ation Section in of Corporations Building secutive Center Circle ssee, Florida 32301	S:	MAILING A Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations		
Enclose	ed is a check for the follo	owing amount:	•			
£ \$25 I	Filing Fee		\$55 Filing F	ee & Certified Copy	y	

INHS18 (2/14)

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. Na	ame of the limited liability company: Incredible Mario's of Boca LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Incredible Mands of Baca, Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boxa Raton, FL 33431 Boxa Raton, FL 33431 Boxa Raton, FL 33431
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 545 (x xx) (i x le Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Mary Baker Enter name of NEW Registered Agent and/or NEW Registered Office address: 1400 Glades Road Bay 210 NEW Registered Office Address:
	Boca Raton ,FL 33431
the cha agent v was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in access of organization or the operating agreement of the limited liability company.
Signa	Man Baker ture of a member or authorized representative of a member Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.

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

Signature of Registored Agent