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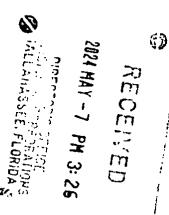
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PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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(Document Number)	
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Special Instructions to F	iling Officer:	-
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 434144 8419150

AUTHORIZATION

COST LIMIT : \checkmark \$\square 25.00

ORDER DATE: April 25, 2024

ORDER TIME : 1:17 PM

ORDER NO. : 434144-026

CUSTOMER NO: 8419150

CHANGE OF AGENT

NAME: ENNISMORE AMERICAS RESTAURANT

MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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.

		/ h	6)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	101 N 10 ST STE 204		101 N 10 ST STE 204	
	BROOKLYN, NY 11249		BROOKLYN, NY 11249	
	09/04/2014		M14000006303	
3.	Date of filing/registration in Florida	4.	Document number	
5 (0)				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	a Dept. of State:	
	C T CORPORATION SYSTEM			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	, 33324		
		L	P - 02	
(b)			in i	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	Idress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	. 32301		
	. F	L		
change agent w was/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere iability co of the lim	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
/\$/ Ti	/S/ Jill Cilmi		Jill Cilmi, Authorized Person	
	ure of a member or authorized representative of a member		Printed or typed name of signee	
			in this capacity. I further agree to comply with the	

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

INHS18 (2/14)