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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJI	DE Fund Manage	ement LLC			
.,0131		e of Limited Liability Company	_		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
Berna	ard H Vogel				
	Name of Person		naid HAY -3		
DE Fund Management LLC					
	Firm/Company		u 		
901-A	Name of Person DE Fund Management LLC Firm/Company Out-A Clint Moore Road Address				
	Address		2		
Boca	Raton, FL 33487				
	City/State and Zip Code				
sfried	man@miamigrillcorp.com				
Е	-mail address: (to be used for future annu	al report notification)			
For fur	ther information concerning this matter, p	olease call:			
Berna	rd H Vogel	516 395-8103			
	Name of Person	Area Code & Daytime Telephone Num			
	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 a	imount:			
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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.

l. N	ame of the limited liability company: DE Fund N	/lanag	ger	ment LL(<u> </u>	
)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) -A Clint Moore Road	
	Boca Raton, FL 33487			Boca R	Raton, FL 33487	
	07/13/2018			M18000	006683	
	Date of filing/registration in Florida	- 4.			Document number	
. (a)	Registered Agent and Registered Office shown on the records of Cuevas, Garcia & Torres. P.A. Registered Office Address (MUST BE FLORIDA STREET). 7300 North Kendall Drive, Suite 680	the Flor	rida		ate:	
	Miami, FL_3			<u></u>		
	Bernard H. Vogel NEW Registered Office Address: 901-A Clint Moore Road					
	Boca Raton FI	3348	37	-	_	
e cha ent v as/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited like the cuthorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reability of the l	gis co imi d li	tered offic mpany, it ited liabili	ce and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in impany.	
Signat	ture of a member or authorized representative of a member	_			Printed or typed name of signee	
ovisi e obli mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a charge in the registered office address. It is writing of this charge.	perfor	ma	ince of my	' duties, ànd I am familiar with and accei	
ignatur	re of Registered Agent					
	Division of Corporations • P.O. F	3 3 Sox	27	• Tallaha	ssee, FL 32314	

FILING FEE: \$25.00