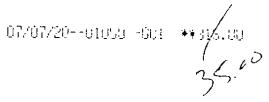
(F	Requestor's Name)
	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

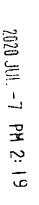
Office Use Only



100347757411



S TALLENT AUG 21 TUD



RIFINE

## BREIER and SEIF, PLLC

18851 NE 29<sup>b</sup> AVENUE, SUITE 405 AVENTURA, FLORIDA 33480 PHONE 3054935-0507 • FAN 3054935-0608

ROBERT G. BREIER EVAN D. SEIF

June 29, 2020

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 332301

Re: Registered Agent - Change of Address

Dear Sir or Madam:

Enclosed are various entities that require a change of address for the registered agent.

Also enclosed is our payment. Please process this request at your convenience.

If you have any questions, please feel free to call me at (305) 935-0507.

Sincerely.

ÁARIA L. WILLIAMSON

Legal Assistant

/mlw

Enclosures

K (RGB-EDS)Mise-2019/Amendment Sect-Div of Co.p-RA-Change of Address lit doca

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: Les Violins Restaurant, Inc. Name of Corporation DOCUMENT NUMBER: P00000023695 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: Robert G. Breier Name of Contact Person Breier and Seif, PLLC Firm/Company 18851 N.E. 29th Avenue, Suite 405 Address Aventura, FL 33180 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 935-0507 Area Code & Daytime Telephone Number Maria L. Williamson Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

_	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Les Violins Restaurant, Inc.
2. The principal	office address: 2800 Ponce De Leon Blvd., # 1125
	Coral Gables, FL 33134
3. The mailing a	ddress (if different): 2801 N.E. 208th Terr, Suite 102
	Aventura, FL 33180
4. Date of incorp	poration/qualification: 03/02/2000 Document number: P00000023695
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Breier, Robert G
	2800 Ponce De Leon Blvd., # 1125
	Coral Gables, FL 33134
6. The name and (if changed):	Coral Gables, FL 33134  I street address of the new registered agent (if changed) and /or registered office
	Robert G. Breier  18851 NE 29th Avenue. Suite 405
	18851 NE 29th Avenue, Suite 405
	P.O. Box NOT acceptable
	Aventura, FL 33180
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatu	re of an officer or director Printed or typed name and title
I further agree perform <del>ance</del> of agent Or. if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Est	Been 6/19 hr
Sig	nature of Registered Agent Date
If signing on be	half of an entity:
Robert G. E	
.1,	yped or Printed Name

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