

P0000000 236915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

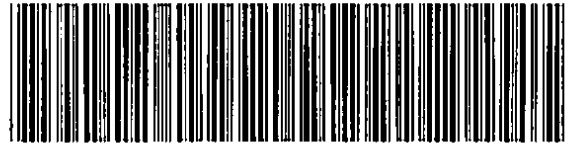
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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R/H-26

BREIER and SEIF, PLLC

18851 NE 29th AVENUE, SUITE 405
AVENTURA, FLORIDA 33180
PHONE 305-935-0507 • FAX 305-935-0608

ROBERT G BREIER
EVAN L SEIF

June 29, 2020

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registered Agent – Change of Address

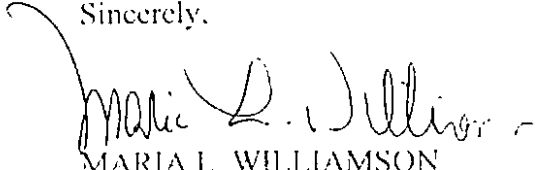
Dear Sir or Madam:

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,


MARIA L. WILLIAMSON
Legal Assistant

/mlw

Enclosures

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:

Maria L. Williamson at (305) 935-0507
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Les Violins Restaurant, Inc.
2. The principal office address: 2800 Ponce De Leon Blvd., # 1125
Coral Gables, FL 33134
3. The mailing address (if different): 2801 N.E. 208th Terr, Suite 102
Aventura, FL 33180
4. Date of incorporation/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 Florida Department of State: (If resigned, enter resigned)

Breier, Robert G
2800 Ponce De Leon Blvd., # 1125
Coral Gables, FL 33134

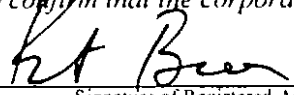
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert G. Breier
18851 NE 29th Avenue, Suite 405
P.O. Box NOT acceptable
Aventura, FL 33180

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____ Signature of an officer or director	_____ Printed or typed name and title
<i>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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.</i>	
<u></u> Signature of Registered Agent	<u>6/19/20</u> Date

If signing on behalf of an entity:
Robert G. Breier
Typed or Printed Name

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