PD7D00053314

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bt	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



500317842965

09/06/18--01027--005 **280.00

ZHI SEP -6 PH 3: 88
SECHLERY A. STAFE
HIT AND SECTOR FIRE



SEP 1 0 2018

Sant Carl

COVER LETTER

TO: Amendment Section Division of Corporations

Miami Subs Capital Partners I Inc

Name of Corporation

P07000053364 DOCUMENT NUMBER:

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:

Bernard H Vogel

Name of Contact Person

Miami Subs Capital Partners I Inc

Firm/Company

901-A Clint Moore Road

Address

Boca Raton, FL 33487

City/State and Zip Code

shari@miamisubs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernard H Vogel

Name of Contact Person

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

statement of cha	inge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Florida ered agent, or both, in the State of Florida.		
1. The name of t	the corporation: Miami Subs Capita	al Partners I Inc.		
2. The principal	office address: 901-A Clint Moore	Road		
	Boca Raton, FL 33			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 6/8/2007	Document number: P0700053364		
	d street address of the current registered a trment of State: (If resigned, enter resigned	gent and registered office on file with the ed)		
	Bernard H Vogel			
	6300 NW 31st Avenue			
	Fort Lauderdale, FL 33309			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Bernard H Vogel				
	Bernard H Vogel		i M	
	901-A Clint Moore Road			
	P.O. Box NOT acceptable			
	Boca Raton, FL 33487	ಲ ಗ್	æ	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agen	t,	
Such change was authorized by	as authorized by resolution duly adopted to board or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.		
ſ		Bernard H Vogel		
1 hadabi sasani	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a section of the provision of all state my duties, and I am familiar with and a section of the provision of the provision of the province of the provision of	Printed or typed name and title d agree to act in this capacity, utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.		
		August 27, 2018		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Bernard H				
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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