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## REGISTERED AGENT CHANGE SUPER SUSHI INC.

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## H160002310163

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

statement of cha	provisions of sections 607.0502, 617.0 nige is submitted for a corporation org r to change its registered office or reg	gantzed under the laws of t	ilie State of	Florida		
<del>-</del>	he corporation: SUPER SUSHI INC.	istered ugeni, or boni, in a	ne same vy	2 107 IIA1.		
<ol> <li>The principal</li> </ol>	office address: 40 SW 13th Street Suke	804, Miami, Florida 33130				
z. me prancipar	ORDER SOCIESS				<del></del>	
3. The mailing o	ddress (if different):					
4. Date of incorp	poration/qualification: 12/2/2011	Document numb	er: P110001	03100		
	I street address of the current registere runent of State: (If resigned, enter resi		ice on file v	with the		
	CORPORATE SOLUTIONS LLC					
	40 SW 13th Street, 804 MIAMI, FL 33130			-		
	MIAMI, FL 33130			-		
				_		
6 The name and	i street address of the new registered a	oeur (if changed) and for	radiseiles			
(if changed):	sance, workers of me the templeten o	Sent (it countiesed) into tot 1	ickipicien (	CAS CAS		
•	Business Filings Incorporated		To a few outs		C ***	
			70.52 20.53			
	1200 South Pine Island Road					
	·	NOT acceptable		Þ	: Ĵ	
	Plantation, Florida 33324		<u> </u>	_ ==		
The street addresses changed will	ess of its registered office and the sm be identical.	eet address of the busines	s office of	its legis	tered agetu.	
Such change was authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of direct notified in writing of the	ors or by a change.	n office	150	
Sqaar	Nathan Berman, President					
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent to couply with the provisions of all s my duites, and I am familiar with an is document is being filed merely to t that the corporation has been vioufle	and agree to act in this c tanues relative to the pro d accept the obligation o reflect a clange in the rej d in writing of this chang	rapacity oper and co f my positi gistered of ge.	mplete oji as re iice addi	gissered ess, I	
Mable	<del></del>	8th day of Septemb	er. 2016			
Sig	meters of Registered Agent		Date	····	<del></del>	
If signing on be	half of an entity:					
Mark Williams, A	AVP					
T	yped or Printed Name					
	* * * FILING	FEE: \$35.00 * * *				
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO I AIL TO: DIVISION OF CORPORATIONS	FLORIDA DEPARTMENT O , P.O. BOX 6327, TALLAI	f State Hassee. Fi	. 32314		

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