P97000104667

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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Mario Mario

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CAVIAR & MORE MIAMI IN (Name of Corporation)	/C.
DOCUMENT NUMBER: P97000104667	
The enclosed Statement of Change of Registered Office/Agent and	fee are submitted for filing.
Please return all correspondence concerning this matter to the follow	owing:
MARK GELMAN. (Name of Contact Person	-
(Name of Contact Person)
CAVIAR & MORE MIAMI (Firm/Company)	INC.
(Firm/Company)	
687. N.E. 79 th STREET (Address)	
(Address)	
MIAMI, FLORIDA. 33	3138
(englishme and suppose	,
For further information concerning this matter, please call:	_
MARK GELMAN at (30) (Name of Contact Person) (Area	05 758-9288 a Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of Sta	te.
Division of Corporations P.O. Box 6327 Callahassee, FL 32314 2	Atreet Address: Amendment Section Division of Corporations Clifton Building 1661 Executive Center Circle
Т	Callahassee, FL 32301

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

	1. The name of the corporation:_		AR &	& MORE	EM	HIAM	1 IN	VC.	
 The name of the corporation: The principal office address: 		687	STA	EET)	NIAMI FL.			
33138									
	ddress (if differe								
4. Date of incorp	ooration/qualifica	tion:1_2	2/11/19	197 Do	cument	number:	P97	00010	4667
	l street address of tment of State:	f the curren	it registere	ed agent and	registere	ed office	on file w	ith the	
	MON	TELL	o, 10	0015	R			_	
	701	BRIC	KELL	. A	VENU	E	5011	E 1200	
	MIAMI,							- .	
6. The name and (if changed):	1 street address of M 687 N MIAMI	f the new re	egistered a	agent (if cha	nged) an	ıd/or regi	stered of	fice HA	FILED
The street addre	ess of its register be identical.	ed office a	and the str	eet address	of the b	usiness o	ffice of	its registered	l agent,
Such change was	as authorized by he board, of the	esolution corporation	duly ado has been	pted by its notified in	ooard of writing	directors of the cl	or by an	n officer so	
1	ure/of an effice of dire	ector)		MA	RK.	IAS L	4V5K	y - PQ	
	/	t as registe	ered agen ons of all	t and agree statutes reli	to act in itive to t of my po	n this cap the prope osition as	acity. r and co register	mplete perfo ed agent. O	rmance r, if this
	the appointment to comply with the d I am familiar ing filed mereby s been notified	with and a torreflect a writing o	ccept the change i f this cha	n the regist nge.	ěred offi	ce addre.	ss, I here	eby čonfirm i	inat the
(Symali I hereby accept I further agree of my duties, an document is bei corporation has		USU	ccept the change i f this cha	n the regist nge.		ce addre. 5/01/5		eby čonfirm i	that the

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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