

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Otty/State/Zip/Prione #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (,,, | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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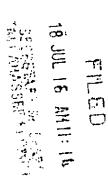
Office Use Only



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COVER LETTER

Division of Corporations SUBJECT: _____ CANES BAR & GRILL OF SOUTH FLORIDA, INC. Name of Corporation DOCUMENT NUMBER: P99000047778 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: MICHAEL PERRIN Name of Contact Person CANES BAR & GRILL OF SOUTH FLORIDA, INC. Firm/Company 3426 MAIN HIGHWAY Address COCONUT GROVE, FL 33133 City/State and Zip Code MIKE@SAND.BAR E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 771-5565 Area Code & Daytime Telephone Number MICHAEL PERRIN

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

Amendment Section

TO:

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

| statement of cha | provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or regist | nized under the laws of the State of FLC | ORIDA | |
|--|--|---|--|----------|
| 1. The name of t | he corporation: CANES BAR & | GRILL OF SOUTH FLORI | DA, INC. | |
| 2. The principal | office address: 3426 MAIN HIGH UT GROVE, FL 33133 | YAWH | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorp | poration/qualification: 05/25/1999 | Document number: P99000 | 047778 | _ |
| 5. The name and | I street address of the current registered attended of State: (If resigned, enter resign | agent and registered office on file with t | the | |
| | DUSHARM, MELISSA, CI | FO | | |
| | 3426 MAIN HIGHWAY | | 3.00 3.00 3.0 | |
| | COCONUT GROVE, FL 3 | 3133 | | T |
| 6. The name and (if changed): | d street address of the new registered ago | ent (if changed) and /or registered office | ASSET FOR | 产后口 |
| | MICHAEL PERRIN | | | |
| | P.O. Box NO | T acceptable | ** | |
| The street addre | ess of its registered office and the stree l be identical. | address of the business office of its re | egistered agent, | |
| | as authorized by resolution duly adopte he board or the corporation has been n | | | |
| | | MICHAEL PERRIN, PRE | | |
| l further agree performance of agent. Or if th | We of an officer or director t the approintment as registered agent a to combly with the provisions of all sta f my futies, and I am familiar with and sis document is being filed merely to re, that the dorporation has been notified | nd agree to act in this capacity. tutes relative to the proper and comple accept the obligation of my position as flect a change in the registered office of | ete s registered uddress, l | |
| 9/1/ | | 7/13/2018 | - <u>-</u> | |
| | enature of Registered Agent | Date | | |
| If signing on be | chalf of an entity: | | | |
| | Tyned or Printed Name | | | |

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