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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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REGISTERED AGENT CHANGE GALAXY RESTAURANTS CATERING GROUP, LP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galaxy Restaurants Catering Group, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: 613000000317

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elizabeth Fernandez
Contact Person
Parker Poe Adams & Bernstein, L.L.P.
Firm/Company
401 S Tryon St Ste 3000, Three Wells Fargo Center
Address
Charlotte, NC 28202
City, State and Zip Code
jhonnecy@thsg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Fernandez at (704) 335-9053
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

- 1. Galaxy Restaurants Catering Group, LP
Name of Limited Partnership or Limited Liability Limited Partnership
- 2. 11/07/2007
Date of filing/registration in Florida
- 3. B1300000317
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

REGISTERED AGENT SOLUTIONS, INC.
Name
155 OFFICE PLAZA DR., SUITE A
Address
TALLAHASSEE, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

GALAXY GP, LLC, General Partner
By: [Signature]
Signature of General Partner

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 obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: **\$35.00**
Certified Copy (optional): **\$52.50**

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