

1070000061106

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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REGISTERED AGENT CHANGE

SMOKEY BONES, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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\$25.00

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Corporate Filing Menu

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8002/31

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: SMOKEY BONES, LLC
 2. The mailing address of the limited liability company is : _____
5900 LAKE ELLENOR DRIVE ORLANDO FL 32809

06/08/2007 _____ L07000061106 _____
 3. Date of filing/registration in Florida 4. Document number

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

CORPORATE CREATIONS NETWORK INC
 Name
11380 PROSPERITY FARMS RD Z21B
 Address
PALM BEACH GARDENS FL 33410
 City, State and Zip

6. The name and address of the new registered agent and/or office:

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

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark Hajduch
 (Signature of a member or authorized representative of a member)

Mark Hajduch, Authorized Representative
 (Printed or typed name of signer)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Kristine Helberger
 (Signature of Registered Agent) **Kristine Helberger**
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00

INHS18 (6/05)

PLA12 - CURRENT CT System 6/05

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