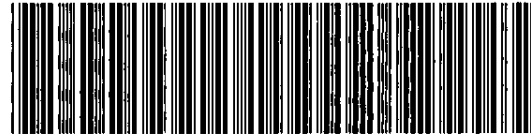


L110000028779 ✓



300215361123

01/12/12--01026--006 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

12 JAN 12 PM 2:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 13 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCC RESTAURANT GROUP LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

BECKY DILLER
Name of Person

QUARLES & BRADY LLP
Firm/Company

411 E WISCONSIN AVE STE 2040
Address

MILWAUKEE WI 53202
City/State and Zip Code

CAROLMACONI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

12 JAN 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BECKY DILLER at (414) 277-5541
Name of Person Area Code & Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: MCC RESTAURANT GROUP LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

1258 AIRPORT PULLING ROAD NORTH
NAPLES FL 34104-6115

(b) Mailing address of limited liability company: SAME

(Note: MAY BE POST OFFICE BOX)

03/08/2011

L11000028779

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NAPLES LAWDOCK-INC.

Registered Office Address: 1395 PANTHER LANE
SUITE 300
NAPLES FL 34109

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CAROL MACONI

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 2063 MORNING SUN LANE
NAPLES, FL 34119

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.

Carol Maconi
Signature of a member of authorized representative of a member

CAROL MACONI, VICE PRESIDENT

Printed or typed name of signee

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.

Carol Maconi
Signature of Registered Agent, CAROL MACONI

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