

Division of Corporations Public Access System

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Account Name : JAMES A NOLAN, PA

Account Number : I20020000124 Phone : (904)425-3058

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OR DE

REGISTERED AGENT CHANGE

BASIL THAI & SUSHI, INC

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July 23, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

BASIL THAI & SUSHI, INC 945 HYANNIS PORT DR JACKSONVILLE, FL 3225

SUBJECT: BASIL THAI & SUSHI, INC

REF: P08000026655

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Teresa. Brown Specialist II

FAX Aud. #: H08000179079 Letter Number: 308A00042761

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

statement of cha	inge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Stat rganized under the laws of the State of Flo egistered agent, or both, in the State of Flor	orida	
	the corporation: Basil Thai & Sushi, I			
	office address: 1004 Hendricks Aver			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 3/13/2008	Document number: P08000026	655	
	d street address of the current register rtment of State:	red agent and registered office on file with the	he	
	Viengkhong Thepsouvanh			
	945 Hyannis Port Drive			
	Jacksonville, FL 32207		71	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	2008 JUL 25 SECRETARY! TALLAHASSEF	
	James A. Nolan, P.A.		25 ARY SSE	1
	4114 Herschel Street, Suite		유	[]
	(P.O. Box NOT acception of the property of the	ptable)	2: 5 STAT LORI	
as changed will	ess of its registered office and the st be identical.	treet address of the business office of its re	egistered agent,	
authorized by the	he board, or the corporation has bee	opted by its board of directors or by an offen notified in writing of the change.	ncer so	
TOWS	ent hampeng	Tom Sengkhamyong, President	<u> </u>	
I hereby accept I further agree of my dries, an document is bet corporation has	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	nt and agree to act in this capacity, statutes relative to the proper and comple cobligation of my position as registered a in the registered office address, I hereby o inge.	ete performance gent. Or, if this confirm that the	•
AM		July 22, 2008		
	enature of Registered Agent)	(Date)		
(1)	Typed or Printed Name)			

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

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