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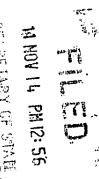
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Golden Orchid Thai Cuisine Inc.
DOCUMENT NUMBER: 911000005785
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:
Jutharat Bounyakhan Name of Contact Person
Golden Orchid Thai Cuisine Inc
5224 S. Dale Mabry Hwy
Tampa F 33 G 11
Googe Ssi chot mail. cam  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (812) 990 - 9673  Area Code & Daytime Telephone Number
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

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

statement of chan	rovisions of sections 607.0502, 617.05 age is submitted for a corporation orgo to change its registered office or regis	nized under the laws	s of the State of	Florida
1. The name of the 2. The principal of		Dech S. Dal	id Tha e Mabi	i Cuisine Inc
	ldress (if different):			
4. Date of incorpo	oration/qualification: May 20	Document nu	ımber: PUC	00005785
Florida Departi	Tampe FL 3360	Price (  Pri	Resigned  Ave  for registered office	NOV 14 PM 12: 56
·	s of its registered office and the stree be identical.			
Such change was authorized by the	s authorized by resolution duly adopte board, or the corporation has been n	ed by its board of di otified in writing of	$\mathbf{O}$	<b>.</b> 0
Signature	of an officer or director	Printed	Donya Whan I or typed name and title	Owne-
Juthont	he appointment as registered agent as comply with the provisions of all state of a comply with the provisions of all state of a complete of a change in the complete of the complete of the change of the change of the complete of the change of the complete	nd agree to act in th tutes relative to the ligation of my posit he registered office z.	his capacity. proper and comple ion as registered as address, I hereby c	
	sture of Registered Agent		Date	
If signing on beh. Juthqrat	alf of an entity:  Boovakhan			
C) U (PI (V)	and or Printed Name			

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