# Florida Department of State

Division of Corporations Public Access System

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AI

To:

Division of Corporations -

Fax Number : (850)205-0380

From:

Account Name : THE FLORIDA COMPANY

Account Number : 120060000001

Phone : (608)827-5300

Fax Number

: (608)824-0405

## REGISTERED AGENT CHANGE

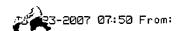
### ABSINTHE BISTRO LLC

Certificate of Status	0
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Page Count	02
Estimated Chargo	\$35.00

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

Pursuant to the provisio liability company submits agent, or both, in the Stat	ns of sections 608.416 or 608 s the following statement in or te of Florida.	3.508, Florida Stat der to change its t	tutes, the underegistered offic	ersigned limited ce or registered
1. The name of the limite	ed liability company is: ABSINT	HE BISTRO LLC		
2. The mailing address of	f the limited liability company i	s:		<u> </u>
120A W. CHURCU ST. OR	LANDO FL 32801			
6/13/2006		L06000060470		
3. Date of filing/registration in Florida		4. Document	number	
5. The name of the registor Florida Department of	ered agent and the registered of	lice address as show	wn on the reco	ords of the
Tronda Boparinon on	THE FLORIDA INCORPORATI	NG COMPANY	ZE S	
	Name 1203 GOVERNORS SQUARE, S	TE. 101	1001 JUL 2 SECRÉTAR SECRÉTAR	. <b>n</b>
	Address TALLAHASSEE, I'L 32301		L 23 TARY ASSE	
	City, State an	id Zip	ک ہے۔'	
6. The name and address	of the new registered agent and	/or office:	STAI STAI	
	Business Filings Incorpor	rated		
	Name 1203 Governors Square,	Ste. 101	,	
	Florida street address (P.O. F	Box NOT acceptab	le)	
	Taffahassee FL 3	2301		
	City, State and	Zìp	<u></u>	
confirmed that after the c and the business office of liability company, it is he	npany is not organized under the hange or changes are made, the the registered agent will be ide treby confirmed that the change ed liability company or as other of the limited liability company	Florida street addratical. Or, in the control was/were authors.	ress of the regi case of a Florid rized by an aff	stered office la limited irmative vote of
(Signature of a member or author	fixed representative of a member)			
(Printed or typed name of signee	bson			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and ns of all statules relative to the nd accept the obligations of my this document is heips filed to i n that the limited liability compo	l agree to act in thi proper and comple position as register perely reflect a cha any has been notific any has been notific	is capacity. I f te performanc red agent as pi inge in the reg ed in writing o	further agree to e of my duties, rovided for in dstered office of this change.

(Signature of Registered Agent)
Business Filings Incorporated, Torose Coulthard, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)