(Requestor's Name)	000188886850		
(Address)			
(Address)  (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	12/27/1001036024 **35.00		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	MALLAID BE CHA		
Special Instructions to Filing Officer:	TILED MY 9: 28		

1230-10

Office Use Only





### 2804 Gateway Oaks Drive #200 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

### REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: December 23, 2010

AE: Ninh Ho

TO:

Florida Department of State

REFERENCE:

571843

P.O. Box 6327

Tallahasee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

SPECIALTY RESTAURANTS CORPORATION

**Change of Registered Agent** 

IN FL

SPECIAL INSTRUCTIONS: Please file on a routine and return one plain copy.

Service Description	Check Number	<u>Name</u>	Amount
Change of Registered Agent	338263	Florida Department of State	\$35

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Ninh Ho TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272

## ÇOVER LETTER

TO:	Amendment Sect Division of Corpo	ion orations				
SUBJECT: Specialty Restaurants Corporation  Name of Corporation						
DOCU	MENT NUMBEI	R:	28070			
The end	closed Statement o	of Change of Registered Office	/Agent and fee are subn	nitted for filing.		
		ndence concerning this matter	_			
		Ninh				
		Name of Con	tact Person			
		Paracorp In-				
	<del></del>	Firm/Co	mpany			
		P.O. Box	160568			
		Addr		ii da		
٠		Sacramento, Caramento, City/State an	A 95816-0568 d Zip Code			
	E-ma	il address: (to be used for fu	iture annual report not	ification)		
For furt	ther information co	oncerning this matter, please c	all:			
	N	inh Ho	at ( 888 )	886-7167 time Telephone Number		
	Name of C	Contact Person	Area Code & Day	time Telephone Number		
Enclose	ed is a \$35.00 chec	k made payable to the Departs	nent of State.			
	<u>Α</u> Σ P	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ve Center Circle		

TO:

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

statement of cha	nge is submitted for a corp	ooration organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	e of California	<del></del>
	the corporation: Specia				
2. The principal	office address: 8191 E.	Kaiser Blvd.,	Anaheim, CA 92808-22	214	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	6/1/1972	Document number:	828070	
	I street address of the curre tment of State: (If resigned		ent and registered office on file	le with the	
	Prentice-Hall Corpor	ation System	ı, Inc.		
	110 North Magnolia	Street			
	Tallahassee, FL 323	101			
6. The name and (if changed):			(if changed) and /or registere	27 SEE	
	Paracorp Incorporate 236 East 6th Avenue		sceptable	AM 9: 27	
	Tallahassee, FL 323	03			
The street address changed will	ess of its registered office be identical.	and the street ac	ddress of the business office	of its registered age	:nt,
			by its board of directors or befield in writing of the change		
X Sygnatu	e of an officer or director		Printed or typed name		<del>, .</del>
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as regist o comply with the provisi d I am familiar with and a ng filed merely to reflect a been notified in writing a	ered agent and ons of all statut accept the oblig a change in the of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, 1)	i complete performa stered agent. Or, if hereby confirm that	nce this the
_	nature of Registered Agent		Date	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
If signing on be	half of an entity:				
	o, Assistant Secretary  /ped or Printed Name	<u>/</u>			

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