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(F	Requestor's Name)	
(A	Address)	
<u>^(</u>)	Address)	
(0	City/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
. (0	Ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

DOCUMENT NUMBER: 389 108
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:
Joan E. SALTER (Name of Contact Person)
(Name of Contact Person)
FLORIDA DRIVE-IN THEATRE MANAGE DENT, INC. (Firm/Company)
3291 W. SUNRISE BLVD. (Address)
Ft. LAUDERDALE FL 33311 (City/State and Zip Code)
For further information concerning this matter, please call:
TOAN E. SALZER at (954) 791-7927 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(rame of Contact i cross) (Area Code & Daytime (elephone (vimper)

Mailing Address: Amendment Section - Division of Corporations P.O. Box 6327

Enclosed is a \$35.00 check made payable to the Department of State.

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations ... Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $FLOR(DA)$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FLORIDA DRIVE IN THEATRE MANAGE NENT I
2. The principal office address: 3291 W, SUNPISE BLVD.
Ft. LAUDERDALE FL 33311.
3. The mailing address (if different):
4. Date of incorporation/qualification: 9-30-71 Document number: 389108
5. The name and street address of the current registered agent and registered office on file with the Fibrida Department of State:
ELIZABETH BARNSTEIN 25 28
3438 LAKE WORTH ROAD TO 3 TI
LAKE WORTH FL 33461
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RONALD SIMMS
2302 E. HILLS BORDUGH AVE
(P.O. Box NOT acceptable)
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
BETTY D. HENN-PRESOUR
(Signature of an officer or director) (Winted or typed name and title) [Handwaccent the appointment as registered agent and agree to act in this capacity.
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent) 7-24-06 (Date)
If signing on behalf of an entity:
(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)