

508425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

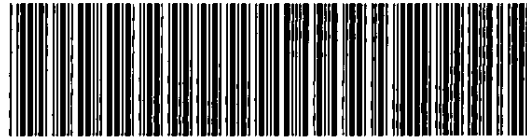
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 DEC 27 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts DEC 29 2010



PARACORP

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

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**PORT EVERGLADES RESTAURANT  
CORPORATION**

**Change of Registered Agent**

**IN FL**

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

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	338268	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**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Port Everglades Restaurant Corporation  
Name of Corporation

**DOCUMENT NUMBER:** 508425

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:

Ninh Ho  
Name of Contact Person

Paracorp Incorporated  
Firm/Company

P.O. Box 160568  
Address

Sacramento, CA 95816-0568  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninh Ho at ( 888 ) 886-7167  
Name of Contact Person 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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Port Everglades Restaurant Corporation
2. The principal office address: 8191 E. Kaiser Blvd., Anaheim, CA 92808-2214
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/4/1976 Document number: 508425
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

The Prentice-Hall Corporation System, Inc.

1201 Hays Street, Suite 105

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paracorp Incorporated

236 East 6th Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32303

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.

*[Signature]*  
\_\_\_\_\_  
Signature of an officer or director

John G. Ghuzzj, VP&CO  
\_\_\_\_\_  
Printed or typed name and title

*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]*  
\_\_\_\_\_  
Signature of Registered Agent

11/3/2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Ninh Ho, Assistant Secretary  
\_\_\_\_\_  
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)

FILED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE