## 697861

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
•				
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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TALLAHASSEE, FLORED A 3



ACCOUNT NO. : 072100000032				
REFERENCE : 472303 7114378				
AUTHORIZATION: Spullelena				
COST LIMIT : \$ 35.80				
	-			
ORDER DATE: March 5, 2008				
ORDER TIME : 9:23 AM				
ORDER NO. : 472303-020				
CUSTOMER NO: 7114378				
·				
. CHANGE OF AGENT				
NAME: MIAMI PALM RESTAURANT, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Kathy Drake EXT# 2959				
EXAMINER:				

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register			
1. The name of the	he corporation: MIAMI PALM RESTAUR	ANT, INC.		
2. The principal				
	ddress (if different):sland Avenue, NW, Suite 900, Washington,			
4. Date of incorp	oration/qualification: 08/06/1981	Document number: 697861		
	street address of the current registered age tment of State:	ent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addre as changed will	ss of its registered office and the street abe identical.	ddress of the business office of its registered agent,		
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.		
Mourag (Signatu	re of an officer or director	Maureen Cullen, Attorney In Fact (Printed or typed name and title)		
I further agrée to of my duties, and document is being corporation has	d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the		
By: Mich	Service Company  nature of Registered Agent)	03/03/2008		
If signing on bel		(Date)		
Michelle R. Vanr	noy, Assistant VP			
(T	yped or Printed Name)			

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