

Division of Corporations Electronic Filing Cover Sheet

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Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone

: (800)221-0102

Fax Number

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Email	Address:	bmiller@halperns.com	
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## REGISTERED AGENT CHANGE HALPERNS' STEAK AND SEAFOOD COMPANY

Certificate of Status	0
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Corporate Filing Menu

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Roberts JUN 28 200

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

statement of ch	e provisions of sections 607.0502, 617.0502, hange is submitted for a corporation organiz mge its registered office or registered agent,	ed under the laws o	fthe State of	Georgia			
1. The name of	f the corporation: HALPERNS' STEAK A	ND SEAFOOD CO	OMPANY				
2. The principa	al office address:						
	4685 Welcome All Rd. SW	Atlanta	GA	30349-2541			
3. The mailing	address (if different):						
4. Date of incom	rporation/qualification: 7/18/2005	Document num	ber: <b>F0500</b> (	0004189			
	d street address of the current registered age urtment of State;	nt and registered of	fice on file with the				
	TOBIN & F	REYES PA					
	5355 TOWN CENTER ROAD, SUITE 204						
	BOCA RATON	FL	33486				
6. The name and (if changed):	d street address of the new registered agent (	if changed) and /or	registered office				
	National Corporate I	Research, Ltd., In	c	ا م			
	515 East Pa (P.O. Box NOT	_					
	Taliahassee	Florida	32301				
The street addre	ess of its registered office and the street add be identical.	lress of the busines	s office of its registe	red agent,			
	s authorized by resolution duly adopted by	its board of direct	ors or by an officer s	a			
. 2005)	gently of the corporation has been north	Laura	Barnard -	CFO			
(S I hereby accept I further agree t of my duties, and document is bein corporation has	imature of an officer or director) the appointment as registered agent and a o comply with the provisions of all statutes it I am familiar with and accept the obligat og filed merety to reflect a cliange in the re been notified in writing of this change.	gree to act in this of relative to the pro- ion of my position gistered office add	Printed or typed name and the expocity, per und complete per as registered agent, ress, I hereby confire	le) Tormance Or, if this n that the			
- L	2000	<del></del>	6/28/20				
If signing on bel	Signowe of Registered Agent) and of an entity;		(Date)				
Lucy E	Dawson, Assistant Secretary						
	(Typed or Printed Name)						
	* * * FILING FE	E: \$35.00 = * *					
l l	MAKE CHECKS PAYABLE TO FLO MAIL TO: DIVISION OF CORPORATIONS, P. C	rida Departmen O. Box 6327, Tali	i of State Lahassee, FL 32314	·			

CR2E045 (8/05)

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