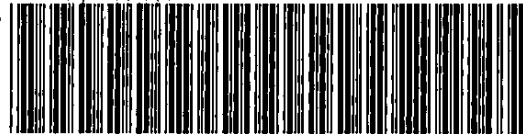


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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 1, 2006

ROBERT C. BARANY
3785 NW 82ND AVE. SUITE 209
DORAL, FL 33166

SUBJECT: DINING CONCEPTS, L.L.C.
Ref. Number: L01000011185

We have received your document for DINING CONCEPTS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 006A00030498

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DINING CONCEPTS, LLC.
(Name of Limited Liability Company)

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2006 MAY 22 P 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT C. BARANY

(Name of Person)

DINING CONCEPTS, LLC.

(Firm/Company)

3785 NW 82ND AVENUE, SUITE #209

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT C. BARANY

(Name of Person)

at (786) 621-5456 x201

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: DINING CONCEPTS, LLC.
2. The mailing address of the limited liability company is : 3785 NW 82ND AVENUE, SUITE #209
DORAL, FL 33166

- 07/10/2001 L01000011185
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CUEVAS, ANDREW ESQ. CUEVAS & RUBIN, P.A.
Name
536 BILTMORE WAY
Address
CORAL GABLES, FL 33134
City, State and Zip

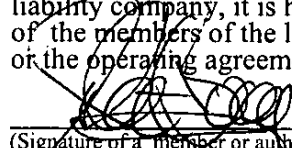
6. The name and address of the new registered agent and/or office:

ROBERT C. BARANY
Name
3785 NW 82ND AVENUE, SUITE #209
Florida street address (P.O. Box NOT acceptable)
DORAL, FL 33166
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

ROBERT C. BARANY

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00