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TO:

Division of Corporations

Fax Number : (850)617-6380

Account Name : ROETZEL & ANDRESS

Account Number : I20000000121

Phone : (239)649-6200

Fax Number : (239)261-3659

## REGISTERED AGENT CHANGE

## SPECIALTY RESTAURANT DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Mern G. MCLEOD

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3/17/2008

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Date: 3/17/2008 Time: 1:40 PM To: 18506176380 R&A Or 1 2/3 (((H08000068192 3))) **COVER LETTER** TO: Registration Section Division of Corporations SUBJECT: Specialty Restaurant Development, LLC (Name of Limited Liability Company) 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: Michael Furbush (Name of Person) Roetzel & Andress, LPA (Firm/Company) P.O. Box 6507 (Address)

For further information concerning this matter, please call:

(City/State and Zip Code)

Michael Furbush at (407) 835-8557

(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Orlando, Florida 32802

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

Enclosed is a check for the following amount:

INHS18 (8/05)

(((H08000068192 3)))

Date: 3/17/2008 Time: 1:40 PM To: 18506176380 (((H08000068192 3)))

R&A Or 🗋 3/3

## 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.	î î	
1. The name of the limited liability company is: Specialty Restaurant Development, LLC	•	
2. The mailing address of the limited liability company is : 2600 Westhall Lane, Suite 100		
Maitland, Florida 32751	•	
07/14/2003 L03000025580		
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:		
LSBEB Agent Services, Inc.	•	
Name 390 N. Orange Avenue, Suite 600	<del>ci</del>	
	≅s	
Address Orlando, Florida 32801 City, State and Zip	SICE	
	<b>≥</b> 6	
6. The name and address of the new registered agent and/or office:	FARE C	
R&A Agents, Inc., c/o Michael Furbush	DRP CEO	
Name  420 S. Orange Avenue, Suite 700  Florida street address (P.O. Box NOT acceptable)	ಲ್ಲ	
Florida street address (P.O. Box NOT acceptable)	≥≥:	
Outro	<u> </u>	
Orlando, FL. City, State and Zip		
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)		
(Printed or typed name of signes)		
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 auties, 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.		
(Signature of Registrated Agent)		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

JNH\$18 (8/05)