L03000029664

| (Address) (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: | | | | | |
|--|---|---------------------|----------------|---|--|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | (F | Requestor's Name |) | | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | 1 | | | | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | | (ddress) | | _ | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | 1 | | | | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | | | | | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | <u> </u> | (ddress) | | _ | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | | | | | |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | | itu/State/7in/Dhan | - | _ | |
| (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | (0 | ony/State/Zip/Filon | (C #) | | |
| (Business Entity Name) (Document Number)) Certified Copies Certificates of Status | | | — | | |
| (Document Number) / Certified Copies Certificates of Status | ☐ PICK-UP | ∐ WAIT | ☐ MAIL | | |
| (Document Number)) Certified Copies Certificates of Status | | | | | |
| (Document Number)) Certified Copies Certificates of Status | | Rusiness Entity No. | ma) | | |
| Certified Copies Certificates of Status | (12 | deliness Entity Na | ille) | | |
| Certified Copies Certificates of Status | • | | | | |
| Certified Copies Certificates of Status | (D | ocument Number) | | | |
| | | 2 | | | |
| | O official Occid | 0 | | | |
| Special Instructions to Filing Officer: | Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| Special instructions to Filing Officer: | Special Instructions to | Filing Officer | 1,645/7°4 . | 7 | |
| | Special instructions to | Filing Officer: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |





400052263174

05/02/05--01008--020 **50.00

OF FILED PRINTS



Tailahassee, Plorida 32399

TRANSMITTAL LETTER

| ro: | Registration Section Division of Corporations | | | |
|-----------|--|---|--|----------------------------|
| SUBJE | CT: FLORIDA FOOD & ENTERTAINMI | ENT, LLC Limited Liability Compan | | |
| · | (Hattie Di | Companies Companies | y) | |
| | losed Articles of Amendment and fee(s) are | | | |
| | WARREN HORNER | | | |
| | | (Name of Person) | | |
| | FLORIDA FOOD & ENTERTAIN | | - | SEC SEC |
| | | (Firm/Company) | | 韶 |
| | 4580 NORTHGATE COURT | | | ECRETARY OF |
| | | (Address) | • | PH 1: 54 OF STATE FLORIDA |
| | SARASOTA, FL 34234 | | | STATE STATE ORIDA |
| | (C | ty/State and Zip Code) | | |
| For furti | er information concerning this matter, pleas | e call: | | |
| | DON WORLEY, CPA | at (941 | 924-5619 | , |
| | (Name of Person) | (Area Co | de & Daytime Telephone Numbe | r) |
| inclosed | is a check for the following amount: | | . 4 . | |
| \$25.0 | Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is | Certificate of Sta | atus & |
| | STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street | Registra | NG ADDRESS: tion Section of Corporations × 6327 | |

Tallahassee, Florida 32314

INHS (8(10/99)

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. FLORIDA FOOD & ENTERTAINMENT, LLC 1. The name of the limited liability company is: 2. The mailing address of the limited liability company is: 4580 NORTHGATE COURT SARASOTA, FL 34234 L03000029664 8-8-03 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: DAVID M SASLOW 1732 MELLON WAY Address SARASOTA, FL 34232 City, State and Zip 6. The name and address of the new registered agent and/or office: WARREN HORNER 4580 NORTHGATE COURT Florida street address (P.O. Box NOT acceptable) SARASOTA. 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. or authorized representative of a member) WARREN HORNER (Printed or typod 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 familial with and accept the obligations of my position as registered agent as provided for in Chapter olds! A.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

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

FILING FEE: \$25.00