## L03000045380

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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

J. BRYAN
DEC 1 6 2008
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Solway Pass-a-Grill, L.L.C. (Name of Lim	ited Liability Company)	-	Ħ		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
Merritt A. Gardner					
(Name of Person)					
		0	4,000		
Gardner Law Firm	<u> </u>	08 D	350		
(Firm/Company)		8	포함 위로		
		<u>ن</u>	S. C.		
5415 Mariner St., Ste. 200 (Address)		7	- 유명 - 유명		
(Address)		2: 08	AND THE		
Tampa, Florida 33609		00	N.S.		
(City/State and Zip Code)					
For further information concerning this matter, ple	ase call:				
Merritt A. Gardner at (	813 ) 288-9600				
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following am	ount:				
☑ \$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. Name of the	e limited liability company:	Solway Pass	s-a-Grill, L.L.	<u>C.</u>	<del></del>	
2. (a) Principa ( <i>Note:</i>	al office address of limited l MUST BE STREET ADD	liability company <b>PRESS</b> )	<u> </u>			
	address of limited liability  MAY BE POST OFFICE					
November 18, 2	003		L03000045380		* S	
	ng/registration in Florida	<del></del>	4. Document nu	mber	08	
5. (a) Registe	ered Agent and Registered (	Office shown on t	he records of the	e Florida Dept.	. of State:	
Registe	red Agent:		Merritt A. Gardne	er		
Registered Office Address:		401 E. Jackson Street, Ste. 2400 Tampa, Florida 33602				
			,	.,,		
(b) Enter na	ame of <u>NEW Registered A</u>	gent and/or NEV	V Registered O	ffice address:		
<u>NEW</u> I	Registered Agent:					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		ADDRESS)	5415 Mariner St., Ste 200			
1			Tampa		,FL_33609	
that after the cl office of the re hereby confirm liability compa limited liability	ability company is not organized or changes are made, gistered agent will be idented that the change(s) was/very or as otherwise provided company.	the Florida street ical. Or, in the call were authorized be din the articles of	address of the r	egistered offic	ce and the business	
Morritt A. Garde	or.					
Merritt A. Gardr (Printed or typed n	ame of signee)		-			
	ot the appointment as regist a provisions of all statutes i th and accept the obligation document is being filed to elimited liability company	ered agent and a relative to the pro ns of my position merely reflect a c has been notified	gree to act in thi per and comple as registered ag hange in the reg ' in writing of thi	s capacity. If te performance ent as provide sistered office is change.	urther agree to e of my duties, and a d for in Chapter 60 address, I hereby	
(Signature of Reg	fered Agent)					

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00