1204000001563

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (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: | | | | | | |
| | | | | | | |
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Office Use Only



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B. BOSTICK SEP 1 8 2013

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--------|--|---------------|-------------------------------|-------------|-------------|---|
| SUBJ. | ECT: Impact FHS | Restaurants | VILLC | | | |
| | Name of | Limited L | iability Company | | | |
| Dear S | Sir or Madam: | | | | | |
| The er | nclosed Registered Agent/Registered | Office Cha | ange and fee(s) are submitted | i for filir | ng. | |
| Please | return all correspondence concerning | g this matt | er to the following: | | | |
| | | | | | | |
| Tushar | r J Shembekar | | | | | |
| | Name of Person | | | | | |
| | | | | | | |
| Impact | t FHS Restaurants VI LLC | | | | | |
| | Firm/Company | | | | | |
| 1936 B | Bruce B Downs Blvd #500 | | | 2 | 201 | |
| | Address | | | - E | 3 5 | |
| | | | | | 2013 SEP 17 | |
| Monlo | y Chapel, FL 33544 | | | 388 | 1 | |
| Wester | City/State and Zip Code | | _ | 76 | 70 | |
| | Onyround und 2547 Code | | | <u>.</u> | Ú | |
| ti@imr | anotthe com | | | | PM 5: 0 | |
| | pactfhs.com mail address: (to be used for future annual report | notification) | | +. | | |
| | • | · | | | | |
| For fu | rther information concerning this mat | tter, please | call: | | | |
| | | | | | | |
| TJ She | embekar | at (305_ | | | | _ |
| | Name of Person | | Area Code & Daytime Telephor | ne Number | | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | | |
| | Registration Section | | Registration Section | | | |
| | Division of Corporations | | Division of Corporations | | | |
| | Clifton Building | | P.O. Box 6327 | | | |
| | 2661 Executive Center Circle | | Tallahassee, Florida 32314 | | | |
| | Tallahassee, Florida 32301 | | | | | |
| | Enclosed is a check for the follow | ing amour | nt: | | | |
| | 2 \$25 Filing Fee | | \$55 Filing Fee & Certified | d 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.

| 0 | , ., | | | |
|---|--|--|--|--|
| 1. Name of | the limited liability company: Impact FHS | Restaurants VI LLC | | |
| 2. (a) Princi (<u>Not</u> | ipal office address of limited liability compete: MUST BE STREET ADDRESS) | pany: 1936 Bruce B Downs B Wesley Chapel, FL 3354 | lvd #500 4 | |
| | ing address of limited liability company: te: MAY BE POST OFFICE BOX) | 1936 Bruce B Downs Bl Wesley Chapel, FL 3354 | | |
| 1/7/2004 | | L0400001563 | | |
| 3. Date of fi | ling/registration in Florida | 4. Document number | | |
| | stered Agent and Registered Office shown | | la Dept. of State: | |
| Regis | stered Agent: | Tushar J Shembekar | 7 2 3 | |
| Regis | Registered Office Address: | 16057 Tampa Palms Bive | d W S S TT | |
| | | Ste 242 Tampa, FL 33647 | 第四 - c | |
| | | | | |
| (b) Enter | name of NEW Registered Agent and/or | NEW Registered Office a | - 1984 - 19 | |
| NEW | V Registered Agent: | | 0 0 0 0 | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 1936 Bruce B Downs Blvd #500 | | |
| 12200 | ST BE TECKNOTISTREET TO DRESSY | Wesley Chapel | ,FL 33544 | |
| confirmed th and the busin liability comp the members the operating | I liability company is not organized under lat after the change or changes are made, the lates office of the registered agent will be in pany, it is hereby confirmed that the change of the limited liability company or as other agreement of the limited liability company. | ne Florida street address of the dentical. Or, in the case of the ge(s) was/were authorized between provided in the articles. | the registered office a Florida limited | |
| Signature of a me | ember or authorized representative of a member | | | |
| Tushar J She | | | | |
| Printed or typed | _ | | | |
| I hereby acc comply with and I am fam Chapter 608, address, I he | tept the appointment as registered agent at the provisions of all statutes relative to the niliar with and accept the obligations of m F.S. Or, if this document is being filed to reby confirm that the limited liability com | nd agree to act in this capa e proper and complete perfo y position as registered age o merely reflect a change in pany has been notified in w | city. I further agree to Ormance of my duties, int as provided for in the registered office riting of this change. | |
| Signature of Reg | Istered Agent | | | |

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