L04-000011019

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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 liabi	lity company is: <u>Salt Spr</u>	ings Seafood Resta	urant, LLC
2. The mailing address of the lin	mited liability company is: _	2932 State Road 19	, Suite A,
Ft. McCoy, Florida 321	34		
February 10, 2004		L04000011019	
3. Date of filing/registration in 1	Florida	4. Document number	
5. The name of the registered ag Florida Department of State:	ent and the registered office	address as shown on the	records of the
	James T. Schatt		
	Name		2 2
7 E.	Silver Springs Boulev	ard, Suite 204	THE WALL
	Address		
	Ocala, Florida 344		F 9 7
	City, State and Zi	•	SAGE 72 1
6. The name and address of the r	new registered agent and/or o	ffice:	1.00
	Edward V. Larsen		LAHASSEE, FLORIGING
	Name		95
	2932 State Road 19		
Flori	ida street address (P.O. Box I	NOT acceptable)	
;F	t. McCoy, FL 3213	4	
	City, State and Zip		
If the limited liability company i confirmed that after the change of and the business office of the reg liability company, it is hereby co the members of the limited liabil the operating agreement of the limited liability of a member or authorized representation.	or changes are made, the Flore extends agent will be identicated agent will be identicated in the change of the ch	ida street address of the ral. Or, in the case of a Floas/were authorized by an	registered office orida limited affirmative vote of
(Printed or typed name of signee)	MISSIU		
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept the chapter 608, F.S. Of if this docad address, I hereby confirm that the confirmation of Registered Agent)	t as registered agent and agree statutes relative to the property the obligations of my positive to the property the obligations of my positive to merely elimited liability company h	ee to act in this capacity. rand complete performe ion as registered agent a y reflect a change in the as been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.

FILING FEE: \$25.00

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

INH\$18(10/99)