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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : LESLIE ROBERT EVANS & ASSOCIATES, P.A.
Account Number : 105260003565
Phone : (561) 832-8288
Fax Number : (561) 832-5722

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REGISTERED AGENT CHANGE

FRENCH BISTROT, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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 liability company is: FRENCH BISTROT, LLC
2. The mailing address of the limited liability company is: 224 Clematis Street, West Palm Beach
Florida 33401

June 17, 2004

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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:

Sylvie J. Simon

Name

4510 Portofino Way, Suite 201, B 11

Address

West Palm Beach, FL 33409

City, State and Zip

6. The name and address of the new registered agent and/or office:

Carol Thomas

Name

318 Clematis Street

Florida street address (P.O. Box NOT acceptable)

West Palm Beach, FL 33401

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.

Roy B. Assad
(Signature of a member or authorized representative of a member)

Roy B. Assad, as President of AJP Management, Inc.

(Printed or typed name of signor)

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 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 office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Carol Thomas
(Signature of Registered Agent)

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

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