

L04000053445

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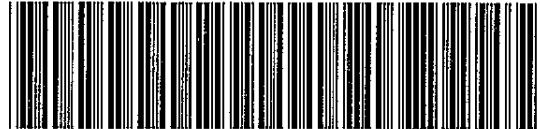
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Moe's Atlantic, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000053445

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy M. Hennessey
(Name of Contact Person)

Smith, Gambrell & Russell, LLP
(Firm/Company)

50 N. Laura Street, Suite 2600
(Address)

Jacksonville, FL 32202
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam J. Buss at (904) 598-6129
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2005 OCT 24 10:27
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**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: Moe's Atlantic, LLC
2. The mailing address of the limited liability company is : 450-106 State Road 13 North,
Suite #137, Jacksonville, FL 32259

- July 19, 2004 L04000053445
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:


Jon Gordon
Name
268 Waters Edge Drive South
Address
Ponte Vedra Beach, FL 32082
City, State and Zip

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

Brad Chasteen
Name
450-106 State Road 13 North, Suite 137
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32259
City, State and Zip

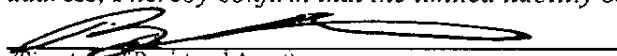
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TALLAHASSEE, FL
SECRETARY OF STATE

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.


(Signature of a member or authorized representative of a member)

Brad Chasteen
(Printed or typed 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 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.


(Signature of Registered Agent)

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