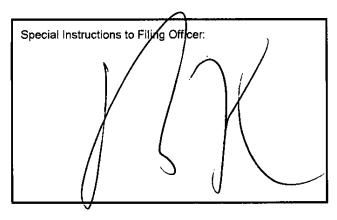
LU4000071377

(Requestor's Name)				
(Address)				
(Address)	·····			
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				



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DEPARTMENT OF STATE

OVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE : 935791 8649A

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 6, 2007

ORDER TIME : 1:13 PM

ORDER NO. : 935791-005

CUSTOMER NO: 8649A

CHANGE OF AGENT

NAME: CENTRAL EATERIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

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 limit	ed liability company is:	Central Eateries,	LLC .
2. The mailing address o	f the limited liability co	mpany is :	
270 S.E. 95th	Street, Ocala,	FL 34480	
09/30/2004		L04000	0071377
3. Date of filing/registrat	tion in Florida	4. Documen	nt number
5. The name of the register Florida Department of	ered agent and the regis	tered office address as sh	nown on the records of the
Tiorida Ocparanioni of	Alan S. Gassman		OT SE
	ALGII D. Gaballati	Name	
	1245 Court Stree		三二 一二
		Address	TARY OF
	Clearwater, Flor		2
	City,	State and Zip	ω
6. The name and address	of the new registered ag	ent and/or office:	JUN-6 PH 3: 38 BECRETARY OF STATE ALLAHASSIEE, FLORIC
	Judy Hanegan		P
		lame reet	
	Florida street address	(P.O. Box NOT accepta	ble)
	Ocala	FI. 34480	
		ate and Zip	
and the business office of liability company, it is her	hange or changes are ma the registered agent will reby confirmed that the nited liability company at of the limited liability	ide, the Florida street add l be identical. Or, in the change(s) was/were auth or as otherwise provided company.	dress of the registered office
Judy Hanegan			•
(Printed or typed name of signee)		•	·
I hereby accept the appoint comply with the provision and I am familian with and Chapter 608, F.S. Or, if the address, I hereby confirm (Senature of Registered Agent)	intment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to act in the to the proper and comploof my position as registed to merely reflect a checompany has been notif	his capacity. I further agree to ete performance of my duties, ered agent as provided for in unge in the registered office lied in writing of this change.

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