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(Re	equestor's Name)			
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SECRETARY OF STATE
OF AN ASSEFT FI ORIO.

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tilly's Payday Cafe', LLC (Name of I	C Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Cathie Voska		
(Name of Person)	· · · · · · · · · · · · · · · · · · ·	
FrankCrum	2001 JUN 2 Z AH 10: 1 SEGRETARY OF STATE TALLAHASSEE, FLURI	
(Firm/Company)	元	
100 S. Missouri Avenue	SEE V	
(Address)		
Clearuster El 22756	第一章	
Clearwater, FL 33756 (City/State and Zip Code)		
For further information concerning this matt		
Cathie Voska	_at (727) 726-2786, ext. 1380	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified 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.

1. The name of the limited liability compa	any is: Tilly's Payday Cafe', LLC	··	
2. The mailing address of the limited liab	ility company is : 100 S. Missouri Ave	enue, Clearwater, FL 33756	
01/21/2005	L05000007017	·	
3. Date of filing/registration in Florida	4. Document num	4. Document number	
5. The name of the registered agent and th Florida Department of State: Elise B Lynn	_	n the records of the	
	Name		
100 S. Misson		. ~ >	
Cloopyster E	Address	FALSE [6]	
Clearwater, F	City, State and Zip	SG E TI	
6. The name and address of the new registe	•	TALLAHASSEE, FLORI	
<u>Dana</u> Grutcht	field		
	Name	53 6	
100 S. Missou		34 二	
Florida street a	ddress (P.O. Box NOT acceptable)	7>	
Clearwater,	FL 33756		
(City, State and Zip		
If the limited liability company is not orgate confirmed that after the change or changes and the business office of the registered agliability company, it is hereby confirmed the fine members of the limited liability conforthe operating agreement of the limited	are made the Florida street address o	f the registered office	
(Signature of a member or authorized representative of a	a member)		
Frank W. Crum, Jr.			
(Printed or typed name of signee)			
I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblich the control of the control of the control of the limited laddress, Thereby confirm that the limited l	ered agent and agree to act in this cap elative to the proper and complete per gations of my position as registered ag being filed to merely reflect a change i iability company has been notified in	acity. I further agree to formance of my duties, een to provide the registered office writing of this change.	
(Signature of Registered Agent)			

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