LOS000020844

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2007 SEP 26 PH I2: 51





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2007

CHARLES SCOTT GUERRIER 319 BELVEDERE ROAD, SUITE 12 WEST PALM BEACH, FL 33405

SUBJECT: SUSHI JO II L.L.C. Ref. Number: L05000020866

We have received your document for SUSHI JO II L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please, call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 407A00053963



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2007

CHARLES SCOTT GUERRIER 319 BELVEDERE ROAD, SUITE 12 WEST PALM BEACH, FL 33405

SUBJECT: SUSHI JO II L.L.C. Ref. Number: L05000020866

We have received your document for SUSHI JO II L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 907A00050793

2007 SEP 26 PH 12: 52

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Sushi (Name of	Jo II, LLC Corporation)
DOCUMENT NUMBER: LOSC	000020866
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Charles Sa (Name of C	ontact Person)
. Sust	Company)
319 Bel	Wedere Road Suitett12
West Pal (City/State)	m Beach, FL 33405 and Zip Code)
For further information concerning this matter, please	call:
Charles Scott Guerrieri (Name of Contact Person)	at (56) 336-8246 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depa	urtment 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

CR2E045 (8/05)

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: Sush Jo II, Luc.
2. The mailing address of the limited liability company is: 319 Belvedure Rd 21/2
West Palm Beach FL 3340
06/06/06 L05000 20866
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: Business Elingis Icc.
1203 Governors Sque Blut
Klahassee De 32301 - 2960 City, State and Zip
6. The name and address of the new registered agent and/or office:
Charles S. Guerrier
319 Belvelere Rd #212
Florida street address (P.O. Box NOT acceptable)
West-Relin Barch FL 33405
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:
Charles S. Guerrier!
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. If wither 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 FILING FEE: \$25.00