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COVER LETTER

TO:	Programme Registration Section Division of Corporations		
SURI	ECT: La Cantir	na Restaurant, LLC	
ООВ		ed Liability Company	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the following:	
	Daniel A. Hershman Name of Person		
	Daniel A. Hershman, Attorney at La	w	
	Firm/Company		
	2240 Palm Beach Lakes Blvd., Suite	101	
	Address		
West Palm Beach, FL 33409			
	City/State and Zip Code		
E	dahershmanlaw@aol.com -mail address: (to be used for future annual report notification)	ation)	
For fu	orther information concerning this matter, p	lease call:	
	Daniel A. Hershman at a	(561) 689-3889 Area Code & Daytime Telephone Number	
	(vanie of reison	Area Code & Daytine Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Registration Section		
	Division of Corporations Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301	. anamasses, i forma 325 i f	
	Enclosed is a check for the following ar	nount:	
	\$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.

Name of the limited liability company:	La Cantina Restaurant, LLC	
2. (a) Principal office address of limited liability co	ompany: 620 South Dixie Highway	
(Note: MUST BE STREET ADDRESS)	Laba Marilla El 00400	
	Lake Worth, FL 33460	
(b) Mailing address of limited liability company	: 620 South Dixie Highway	
(Note: MAY BE POST OFFICE BOX)	Lake Worth, FL 33460	
June 29, 2005	L05000064459	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	Jonathan J. Lichtman, P.A.	
Registered Office Address:	20283 State Road 7	
(b) Enter name of <u>NEW Registered Agent</u> and	or NEW Registered Office address:	
NEW Registered Agent:	Daniel A. Hershman	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	Daniel A. Hershman, Attornegat Law 2240 Palm Beach Lakes Blvd., Suite 101 West Palm Beach ,FL 33409	
If the limited liability company is not organized unc confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability company or a signature of a member or authorized representative of a member	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited range(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.	
Yong Ha Kim	<u> </u>	
Printed or typed name of signee		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations o Chapter 608, F.S. Or, if this document is being file address. I hereby confirm that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change,	

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