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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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From:

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Phone : (561) 833-7700
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LLC REGISTERED AGENT CHANGE
MASTER RESTAURANT DEVELOPERS, LLC

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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. Name of the limited liability company: MASTER RESTAURANT DEVELOPERS, LLC
2. (a) Principal office address of limited liability company: 55 MIRACLE MILE, STE 310
(Note: MUST BE STREET ADDRESS) CORAL GABLES FL 33134

- (b) Mailing address of limited liability company: 55 MIRACLE MILE, STE 310
(Note: MAY BE POST OFFICE BOX) CORAL GABLES FL 33134

08/17/2005

3. Date of filing/registration in Florida

4. Document number: L05000081584

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CARLOS P HEILEMANN

Registered Office Address:

55 MIRACLE MILE, STE 310
CORAL GABLES FL 33134

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CORPORATE CREATIONS NETWORK INC.

NEW Registered Office Address:

11380 Prosperity Farms Road, #221E

(MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

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.

Richard E. Moser
 Signature of a member or authorized representative of a member

RICHARD E. MOSER, MANAGER

Printed or typed name of signer

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.

Angela Martin
 Signature of Registered Agent

Angela Martin, Special Secretary

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

FILING FEE: \$25.00

INHS18 (05/08)

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