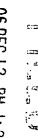
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## **COVER LETTER**

SUBJECT: THE Little NEW YORK RESTAURANT & BAR LLC (Name of Limited Liability Company)  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  THE LITTLE NEW YORK RESTAURANT & BARLLC.  (Firm/Company)  4565 SW 102 LANE ROAD (Address)  DCALA, FL 34476 (City/State and Zip Code)  For further information concerning this matter, please call:	Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  **CEORGE** (Name of Person)  THE LITTLE NEW YORK RESTAURANT SBARLLC.  (Firm/Company)  US 65 SW 102 LANE ROAD  (Address)  **DCALA**, FL 3 4476  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Person)  **STREET/COURIER ADDRESS:** Registration Section  Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  **Enclosed is a check for the following amount:**	Division of Corporations
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  GEORGE GYA- (Name of Person)  THE LITTLE NEW YORK RESTAURANT SBARLLC.  (Firm/Company)  US65 SW 102 LANE ROAD  (Address)  DCALA, FL 34476  (City/State and Zip Code)  For further information concerning this matter, please call:	Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  **CEORGE** (Name of Person)  THE LITTLE NEW YORK RESTAURANT SBARLLC.  (Firm/Company)  US 65 SW 102 LANE ROAD  (Address)  **DCALA**, FL 3 4476  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Person)  **STREET/COURIER ADDRESS:** Registration Section  Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  **Enclosed is a check for the following amount:**	
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4565 SW 102 LANE Zond  (Address)  OCALA, FL 34476  (City/State and Zip Code)  For further information concerning this matter, please call:	(Address)  OCACA, FL 3 4476  (City/State and Zip Code)  For further information concerning this matter, please call:  OEACE GOYA at (352) 216-6403  (Name of Person) (Area Code & Daytime Telephone Number)  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6321 Tallahassee, Florida 32301  Enclosed is a check for the following amount:	
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OCACA, FC 34476 (City/State and Zip Code)  For further information concerning this matter, please call:	For further information concerning this matter, please call:    Color   Color   Color	(Firm/Company)
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For further information concerning this matter, please call:	For further information concerning this matter, please call:    CEONCE GOTA	
For further information concerning this matter, please call:	For further information concerning this matter, please call:    CEONCE GOTA	OCACA, FL 39916
	(Name of Person)  at (352) 216-6403 (Area Code & Daytime Telephone Number)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:	(City/state and Zip Code)
	(Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301	For further information concerning this matter, please call:
	(Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  Tallahassee, Florida 32301	
(DEONLE 6074 at (312) 2/6-6403	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:	OBONG (2014) at (312) 216-6403
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Registration Section Registration Section	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301  Enclosed is a check for the following amount:	Registration Section Registration Section
•	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301  Enclosed is a check for the following amount:	•
2661 Executive Center Circle Tallahassee, Florida 32314	Enclosed is a check for the following amount:	2661 Executive Center Circle Tallahassee, Florida 32314
Enclosed is a check for the following amount:	I TAME THREET AND THREE TARES AND THREET TO A TOTAL TO A TOTAL AND	□ \$25 Filing Fee
Enclosed is a check for the following amount:		<u> </u>

## 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: THE LITTLE NEW YORK DE 2. The mailing address of the limited liability company is:  $4565 \le \omega$ 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Name

126 SOUTH PINE AUE

Florida street address (P.O. Box NOT acceptable) HA, FL 34474 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. (Signature of a member or authorized representative of a member)

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapten 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)