

Division of Corporations

Page 1 of 1

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)205-0380

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

DOCKSIDE BAR AND GRILL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

H06000243263 3

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.509, 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: DOCKSIDE BAR AND GRILL, LLC
2. The mailing address of the limited liability company is: 1575 HWY 40, ASTOR, FL 32102
3. Date of filing/registration in Florida: SEPTEMBER 11, 2006
4. Document number: L06000088337

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DELMER MEEKS
Name
1575 HWY 40
Address
ASTOR, FL 32102
City, State and Zip

6. The name and address of the new registered agent and/or office:

LOUIS TERBORG
Name
1575 HWY 40
Florida street address (P.O. Box NOT acceptable)
ASTOR, FL 32102 FL
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.

Louis Terborg
(Signature of a director or authorized representative of a member)

LOUIS TERBORG
(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 certify that the limited liability company has been notified in writing of this change.

Louis Terborg
(Signature of Registered Agent)

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

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