

Apr-21-09 01:37pm

From: JOHNSON POPE

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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

Account Number : 076666002140

Phone : (727) 461-1818

Fax Number : (727) 441-8617

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

THE COURTSIDE GRILLE II, LLC

Certificate of Status	0
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Estimated Charge	35.00

25.00

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EXAMINER

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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: The Courtside Grille II, LLC

2. (a) Principal office address of limited liability company: 13901 Nine Eagles Drive
Tampa, FL 33626
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 13901 Nine Eagles Drive
Tampa, FL 33626
 (Note: **MAY BE POST OFFICE BOX**)

8/31/2006

3. Date of filing/registration in Florida

L06000086316

4. Document number

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

Registered Agent: Michael T. Cronin

Registered Office Address: 911 Chestnut Street
Clearwater, FL 33756

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

NEW Registered Agent: David Heavenridge

NEW Registered Office Address: 13901 Nine Eagles Drive
Tampa, FL 33626
(MUST BE FLORIDA STREET ADDRESS)

FL

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.

David Heavenridge
 (Signature of a member or authorized representative of a member)

David Heavenridge
 (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.

David Heavenridge
 (Signature of Registered Agent)
David Heavenridge

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

09 APR 21 AM 10:35
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA