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COVER LETTER

†O: Registration Section Division of Corporations		
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SUBJECT: Shula's Steak Houses Mercha	andise, LLC	
(Name of Lim	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Deborah Love	<u> </u>	
(Name of Person)		
Friedman, Rosenwasser, & Goldbaum, F	P.A.	
(Firm/Company)		
	•	
5355 Town Center Road, Suite 801		
(Address)		
()		
Poss Batan Florida 22496		
Boca Raton, Florida 33486		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
•	•	
Deborah Love	t (561 395-5511 ext. 514	
(Name of Person)	(Area Code & Daytime Telephone Number)	
(Name of Ferson)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following a	amount:	
\$25 Filing Fee	S55 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.

1. The name of the limite	ed liability company is:	Shula's Steak Houses Merchan	idise, LLC
2. The mailing address o	f the limited liability co	mpany is : 6843 Main Street	, Miami Lakes, FL 33014
	•		
10/11/2006	/11/2006 L06000099619		
3. Date of filing/registration in Florida 4. Document nu		number	
5. The name of the registric Florida Department of		tered office address as shov	n on the records of the
	Miami Center Regis	stered Agents, LLC	
		Name	
	201 S. Biscayne Blvd	l., Ste. 1700	SECRET BIVISION OF APR
		Address	- P
Miami, Florida 33131			_ P P P P P P P P P P P P P P P P P P P
	City,	State and Zip	9 0%5
6. The name and address of the new registered agent and/or office:		PH (
Corporate Creations International, Inc.		orations H 2: 12	
	•	Name	2 NS
11380 Prosperity Farms Rd., #221-E		_	
	Florida street address	s (P.O. Box NOT acceptable	e)
	Palm Beach Gardens	s, FL 33410	
	City, S	tate and Zip	
confirmed that after the c	hange or changes are m	under the laws of the State of the State of the Florida street addressed by the careful of the c	ess of the registered office

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)

Ronald N. Rosenwasser, Esq., Authorized Representative

(Printed or typed name of signee)

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.

J. C. Commaraka, (Signature of Registered Agent)

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