## 1040000122-358

(Requestor's Name)
(Address)
. (Address)
(Address)
(City/State/Zip/Phone #)
- PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Marile)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STAT

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**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: B & Y Restaurants Group LLC.	
(Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Michael Block	
(Name of Person)	
B & Y Restaurants Group LLC.	
(Firm/Company)	
	PROTEIN TO
1000 South Pointe Dr. # 2002	
(Address)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Miami Beach, Fl. 33139	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, plea	
Michael Block at (7	······································
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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 co	ompany is: B&Y Restaurants Group LLC	•
2. The mailing address of the limited	liability company is : 1000 South Poin	te Dr. # 2002
Miami Beach, Fl. 33139		•
12/27/2006	L06000122358	
3. Date of filing/registration in Florid	<del> </del>	<del></del>
5. The name of the registered agent an Florida Department of State:	nd the registered office address as show	wn on the records of the
Jeffrey E.	Yagoda	
·	Name	
8635 SW 9	96St. Address	
Miami, Fl. 33156		
irilarii; i i v	City, State and Zip	
6. The name and address of the new re	egistered agent and/or office:	JUN 30 PK 12: 42 LANASSES FLORIO
Michael Bl	ock	_ E
1000 South	Name n Pointe Dr. # 2002	
<del></del>	reet address (P.O. Box NOT acceptable	— [e)
	•	
Miami Bear		<del></del>
	City, State and Zip	
TELEFREY E. VALORA (Printed or typed name of signet)	anges are made, the Florida street addied agent will be identical. Or, in the coned that the change(s) was/were authory company or as otherwise provided inted liability company.	ress of the registered office case of a Florida limited orized by an affirmative vote in the articles of organization
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lime (Signature of Registered Agent)	egistered agent and agree to act in the utes relative to the proper and complete obligations of my position as registe in is being filed to merely reflect a chaited liability company has been notification.	is capacity. I further agree to te performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change

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