L07000027780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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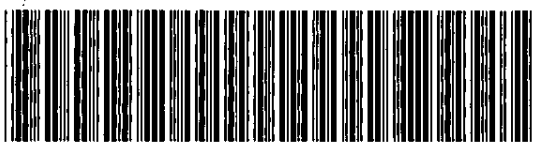

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Change of RA

L07-27780

FILED
09 JAN 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

JAN 13 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYPORT FOOD STORE, L.L.C.
(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:

GEURG KHOURI
(Name of Person)

MAYPORT FOOD STORE L.L.C.
(Firm/Company)

2550 MAYPORT ROAD
(Address)

ATLANTIC BEACH, FL 32233
(City/State and Zip Code)

For further information concerning this matter, please call:

GEURG KHOURI at (904) 249-1040
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☑ $55 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. Name of the limited liability company: MAYPORT FOOD STORE, L.L.C.

2. (a) Principal office address of limited liability company: 2550 MAYPORT ROAD
ATLANTIC BEACH, FL 32233
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2550 MAYPORT ROAD
ATLANTIC BEACH, FL 32233
(Note: MAY BE POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

03/13/2007
3. Date of filing/registration in Florida

L07000027780
4. Document number

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

Registered Agent: MARWAN ATALLAH

Registered Office Address: 505 BRUNSWICK ROAD
JACKSONVILLE, FL 32216

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

NEW Registered Agent: GEURG KHOURI

NEW Registered Office Address: 2550 MAYPORT ROAD
(MUST BE FLORIDA STREET ADDRESS)
ATLANTIC BEACH, FL 32233

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)

LaSonia Long
Commission DD 709086
Expires August 28, 2011
Bonded Thru Troy Fain Insurance 800-385-7019

GEURG KHOURI
(Printed or typed name of signee)

Duval county
FEPL
K 600280673370
Geurg Khouri
FEPL
A 340540583680
Marwan Atallah

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.

(Signature of Registered Agent)

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

INHS18 (05/08)