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Office Use Only



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SECRETARY OF SOME

T. CLIVE: JAN 1 2 2010 EXAMPLES:

COVER LETTER

Registration Section

TO:

Division of Corporations	
	ONI-YUM OF LAKE CITY, LLC
Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
LISA A. SCHLITZKUS, P	? <u>.</u> A
LAW OFFICE OF LISA A. SCHLIT	
118 N. Marion Avenue	TALLAHASSI
Lake City, Florida 32059 City/State and Zip Code	55 E S S S S S S S S S S S S S S S S S S
alegalvision@yahoo.cor	m ort notification)
For further information concerning this ma	atter, please call:
Lisa A. Schlitzkus Name of Person	at (386) 438-5544 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 follow	ving 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.

Name of the limited liability company: PANDA-	MONI-YUM OF LAKE CITY, LLC
2. (a) Principal office address of limited liability company	2888 HWY 90
(Note: MUST BE STREET ADDRESS)	LAKE CITY FL 32055
(b) Mailing address of limited liability company:	2888 HWY 90
(Note: MAY BE POST OFFICE BOX)	LAKE CITY FL 32055
March 6, 2008	L08000024227
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Joseph A. Deese
Registered Office Address:	11762 NORTH HIGHWAY 47 FORT WHITE FL 32038
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Lisa A. Schlitzkus, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Law Office of Lisa A. Schlitzkus, P.A. 118 N. Marion Avenue Lake City, ,FL32055
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member of authorized representative of a member	
JA DOGE	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent