

LOG 000043401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

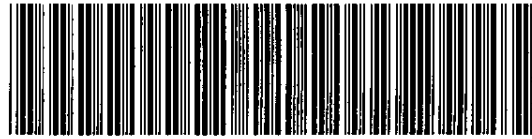
(Business Entity Name)

(Document Number)

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T. CLINE  
MAY 20 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2011

WARD MASTERS  
12157 WEST LINEBAUGH AVENUE, SUITE 304  
TAMPA, FL 33626

SUBJECT: RESTAURANT MASTERS, LLC  
Ref. Number: L08000043401

We have received your document for RESTAURANT MASTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 011A00008794

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Restaurant Masters LLC  
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:

Ward Masters  
Name of Person

Restaurant Masters LLC  
Firm/Company

12157 West Linebaugh Avenue Suite 304  
Address

Tampa, Florida 33626  
City/State and Zip Code

andy@chicosgrill.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Andy Masters at (813) 926-4006  
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: Restaurant Masters LLC

2. (a) Principal office address of limited liability company: 12157 West Linebaugh Avenue

(Note: MUST BE STREET ADDRESS)

Suite 304  
Tampa, Florida 33626

(b) Mailing address of limited liability company: 12157 West Linebaugh Avenue

(Note: MAY BE POST OFFICE BOX)

Suite 304  
Tampa, Florida 33626

9 April, 2011  
3. Date of filing/registration in Florida

L08000043401  
4. Document number

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

Registered Agent: Ward A Masters

Registered Office Address: 10403 Applecross Lane  
Tampa, Florida 33626

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

NEW Registered Agent:

NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)  
12157 West Linebaugh Avenue  
Suite 304  
Tampa, FL 33626

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TALLAHASSEE, FLORIDA

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]  
Signature of a member or authorized representative of a member

Ward A Masters  
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.*

[Signature]  
Signature of Registered Agent

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