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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

BORN TO EAT - BLUFFTON, LLC

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 02 | |
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6/30/2009

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: | BORN TO EAT - BLUFFTON, I | ORN TO EAT - BLUFFTON, LLC | |
|--|--|---|--|
| 2. (a) Principal office address of limited liability comp | any: 9138 BAYPO | 9138 BAYPOINT OKIVE | |
| (Note: MUST BE STREET ADDRESS) | ORLANDO FL 32819 | TEN SE | |
| (b) Mailing address of limited liability company: | 9138 BAYPOINT DRI | | |
| (Note: MAY BE POST OFFICE BOX) | ORLANDO FL 32819 | For S | |
| 6/11/2008 | L0800005736 | PAIR PAIR PAIR PAIR | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida De | pt. of State: | |
| Registered Agent: | CORPORATION COMPANY | CORPORATION COMPANY OF ORLANDO | |
| Registered Office Address: | 300 SOUTH ORANGE AVE., STE. 1000 (B1B) ORLANDO FL 32819 | | |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | C T Corporation System 1200 South Pine Island Road | | |
| | Plantation, | .FL33324 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company or As/ David T. Smith | e Florida street address of the re entical. Or, in the case of a Flor e(s) was/were authorized by an | gistered office rida limited affirmative vote | |
| Signature of a member or authorized representative of a member | | | |
| David T. Smith - Manager Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the form I am familiar with and accept the obligations of my Chapter 508, F.S. Or, if this document is being fitted to in accept, I hereby confirm that the limited list litty compositions of Registered Agent | d agree to act in this capacity proper and complete performan position as registered agent as merely reflect a change in the ri any has been notified in writing | l further agree to nce of my duties, provided for in egistered office of this change. | |
| Division of Corporations, P.O. Box FILING FEE: | | | |

By:

†LOIS - DS/07/2009 € T System Quilles - :

Madanna Cuddihy
Special Assistant Secretary