## LU9UW0 20231

(Daniel Maria					
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SECREJARY OF STATE OIVISION OF CORPORATIONS



## **CT Corporation**

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Chiefon of the Granding of the Constitutions of the Constitution of the

Re:

Order #: 8336804 SO

Customer Reference 1:

None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Kenwood Sycamore Burgers 2, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua liability agent, e	nt to the provisions of sections 608.416 of company submits the following statement or both, in the State of Florida.	r 608.508, Flo in order to ch	orida Statutes, tl nange its register	ne undersigned limited red office or registered	
1. Name of the limited liability company: KENWOOD SY			CAMORE BURGERS 2, LLC		
	. (a) Principal office address of limited liability company:		247 NODTH WESTMONTE DRIVE		
(b)					
	(Note: MAY BE POST OFFICE BOX)	ALTA	ALTAMONTE SPRINGS FL 32714		
02/27/2009		L0900	L09000020231		
3. Date	e of filing/registration in Florida	4. Doo	cument number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Agent:	RICHA	RICHARD J. FILDES		
	Registered Office Address:		215 NORTH EOLA DRIVE ORLANDO FL 32801		
(b)	Enter name of <b>NEW Registered Agent</b> and	/or <u>NEW Reg</u> i	istered Office ac	<u>ldress</u> :	
	NEW Registered Agent:	C T Co	C T Corporation System		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES		1200 South Pine Island Road		
	The state of the s	Plantat	tion	,FL_33324	
confirm	mited liability company is not organized und ned that after the change or changes are mad	e, the Florida s	street address of t	rida, it is hereby	

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

Kristin Bolden, Manager

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 of Registered Agent

Signature of Registered Agent

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