

L09000064789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

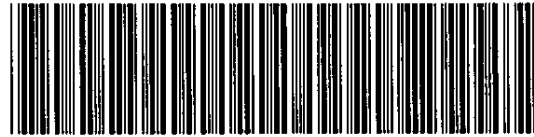
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 JAN 19 AM 11:55
OFFICE OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 JAN 19 PM 1:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JAN 19 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Scores Bar & Grill/LLC

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____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
____ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
✓ ____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
____ Annual Report / Reinstatement_____
____ Cert. Copy_____
____ Photo Copy_____
____ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____
____ Courier_____

Signature

Requested by: Seth 12/28 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

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DIVISION OF CORPORATIONS
10 JAN 19 PM 1:26

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: SCORES BAR AND GRILL LLC

2. (a) Principal office address of limited liability company: 1 UNIVERSITY AVENUE

☒ (Note: MUST BE STREET ADDRESS) GAINESVILLE FL 32605

(b) Mailing address of limited liability company: 1 UNIVERSITY AVENUE

☒ (Note: MAY BE POST OFFICE BOX) GAINESVILLE FL 32605

07/06/2009 L09000064789

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: SAVONA, CRISTIANO

Registered Office Address: 4910 N.W. 20TH DRIVE
GAINESVILLE FL 32605 US

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

NEW Registered Agent: ANWAR SHANATA
NEW Registered Office Address: 1 West University Ave
(MUST BE FLORIDA STREET ADDRESS) GAINESVILLE FL 32605

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

ANWAR SHANATA
Printed or typed name of signer

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