C10000090602

(Danuartada Nassa)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT I	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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FILING CANCELLED RETURNED CHECK

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2011 AUG -9 MAII: IN SECRETARY OF STATE TALL ANASSEE EL DOID.

T. CLINE

AUG 10 2011

EXAMINER

COVER LETTER

Division of	Corporations						
SUBJECT:	JAMIE DA	VIS & R	OAD H	OUSE LIVE, L	LC.		
				Company			
Dear Sir or Madam	:						
The enclosed Regis	tered Agent/Registere	d Office C	Change and	d fee(s) are submi	itted for filing.		
Please return all cor	respondence concerni	ng this ma	atter to the	e following:			
DU	RON E WILLIAMSC Name of Person)N					
JAMIE DAV	IS & ROAD HOUSE Firm/Company	LIVE LL	<u>c</u>				
9060	NW 33RD TERRA	CE			2011 AUG -9 SEORETAR) TALLAHASSI		
	FORD, FLORIDA 3	2008			Lt1		
LCSLICKER (@ HOTMAIL, C	OM			RE. FLORIDA		
	e used for future annual repo		n)		D		
For further informat	ion concerning this m	atter, plea	se call:				
	WILLIAMSON of Person	at (386)		-2180		
STREET/CO Registration S Division of C Clifton Buildi	DURIER ADDRESS: Section orporations ong		MAILI Registra Divisio P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, Florida 32314			
Enclosed is	a check for the follow	v ing amo i	unt:				
\$25 Filing	y Fee	İ	\$55 F	iling Fee & Certif	fied Copy		

TO:

Registration Section

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:	DAVIS & ROAD HOUSE LIVE LLC			
2. (a) Principal office address of limited liability compar	ny: 10380 NW 7TH TERRACE			
(Note: MUST BE STREET ADDRESS)	BRANFORD, FLORIDA 32008			
(b) Mailing address of limited liability company:	10380 NW 7TH TERRACE			
(Note: MAY BE POST OFFICE BOX)	BRANFORD, FLORIDA 32008			
AUGUST 30, 2010	L10000090602			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:			
Registered Agent:	DURON E WILLIAMSON			
Registered Office Address:	9060 NW 33RD TERRACE BRANFORD, FLORIDA			
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:			
NEW Registered Agent:	JAMES E DAVIS			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10380 NW 7TH TERRACE			
1.7.001,001,001,011,001,000,000,000,000,000	BRANFORD ,FL32008			
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 ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.			
	_ · FILING CANCELLED			
Signature of a member or authorized representative of a member	RETURNED CHECK			
JAMES E DAVIS	<u></u>			
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 pand I am familiar with and accept the obligations of my pander-608, F.S. Or, if this document is being filed to maddress, I hereby-confirm that the limited liability companies. Signature of Registered Agent	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.			
- Grand or Helphane Helphane				

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