

L10000 111438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

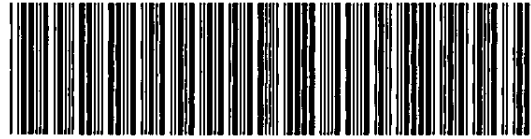
(Business Entity Name)

(Document Number)

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 27 PM 3:08

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2012

FRANK E. MILLER, ESQ.
GUNSTER YOAKLEY & STEWART, P.A.
225 WATER STREET, SUITE 1750
JACKSONVILLE, FL 32202

SUBJECT: UNCLE MADDIO'S PIZZA OF JACKSONVILLE, LLC
Ref. Number: L10000111438

We have received your document for UNCLE MADDIO'S PIZZA OF JACKSONVILLE, 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):

In order to change the registered agent you must designate a new agent.

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 712A00008096

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uncle Maddio's Pizza of Jacksonville, 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:

Frank E. Miller, Esq.
Name of Person

Gunster, Yoakley & Stewart, P.A.
Firm/Company

225 Water Street, Suite 1750
Address

Jacksonville, FL 32202
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank E. Miller, Esq. at (904) 354-1980
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 27 PM 3:02

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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: Uncle Maddio's Pizza of Jacksonville, LLC

2. (a) Principal office address of limited liability company: 2700 Gregory Street, Suite 130

(Note: MUST BE STREET ADDRESS)

Savannah, GA 31404

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

October 25, 2010

L10000111438

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: Roger L. Combs, Jr.

Registered Office Address: 7523 Trails End
Jacksonville, FL 32277

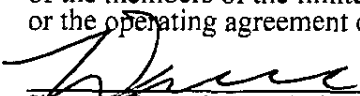
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent: _____

NEW Registered Office Address: _____

(MUST BE FLORIDA STREET ADDRESS)

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

Walter C Roeker, III
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 of Registered Agent

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

FL
2010 OCT 25 PM 3:08
RECEIVED
STATE OF FLORIDA