L 11000069734	
(Requestor's Name) (Address) (Address)	400215474314
(City/State/Zip/Phone #)	12/22/1101036021 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 11 DEC 22 PH 12: 41 DEC 22 PH 12: 41 DEVAN OF CORPORATION TALLAHASSEE, FLORID
	S. S.
B. KOTHEN DEC 2 2 2011 EXAMINER	DIVISION OF CORPORATIONS 11 DEC 22 PH 3 33



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

Re: Order #: 8336804 SO Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Western Hills Burgers 11, 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 OFF BOTH FOR LIMITED LIABILITY COMPANY	ICE OR REGISTERED AGENT OR
Pursuant to the provisions of sections 608.416 or 608.2 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned linited er to change its registered office or egistered
1. Name of the limited liability company: WESTERN HILL	S BURGERS 11, LLC
2. (a) Principal office address of limited liability compan	247 N WESTMONITE DD
(Note: MUST BE STREET ADDRESS)	ALTAMONTE SPRINGS FL 32714
(b) Mailing address of limited liability company:	247 N WESTMONTE DR
(Note: MAY BE POST OFFICE BOX)	ALTAMONTE SPRINGS FL 32714
06/14/2011	L11000069739
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:	W. TERRY COSTOLO, ESQUIRE
Registered Office Address:	GRAYROBINSON PA
	301 W PINE ST - STE 1400 ORLANDO FL 32801
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	C T Corporation System
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation ,FL 33324

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 lames M. Halpin

By:

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