L11000092502

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	<u></u>
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DEFARTHENT OF STATE OF VISION OF CORPORATIONS
OF CORPORATIONS





CT Corporation

1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7,615 fax www.ctcorpotation.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:

Eastgate Burgers 12, 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

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.

agent, or both, in the State of Florida.		1. 100	ે
1. Name of the limited liability company: EASTGATE BUI	RGERS 12, LLC	0, 9	
2. (a) Principal office address of limited liability compan	247 N WESTMO	ONTE DRIVE	50
(Note: MUST BE STREET ADDRESS)	ALTAMONTE SPRINGS	ONTE DRIVE	E.
(b) Mailing address of limited liability company:	247 N. WESTMO	ONTE DRIVE	0
(Note: MAY BE POST OFFICE BOX)	ALTAMONTE SPRINGS FL 32714		
08/11/2011	L11000092502		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Floric	da Dept. of State:	
Registered Agent:	TERRY W. COSTOLO, ESQ.		
Registered Office Address:	GRAYROBINSON, PA		
	301 EAST PINE STREET, SUITE 1400		
	ORLANDO FL 32801		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	C T Corporation System 1200 South Pine Island Road		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South I the Island Ro	rau	
(MCST BETEORID/ISIREET /IDDRESS)	Plantation	,FL 33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the case of the	the registered office a Florida limited	ete on
Kristin Bolden, Manager			
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companion by the companion of the compa	agree to act in this capac oper and complete perco sition as registered ago erely reflect a change in y has been notified in w	city. I further agree ormance of my duti nt as provided for i the registered offic riting of this change	e to es, n e e.
Signature of Registered Agent			

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