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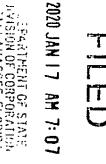
(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp			•					
,		.a						
SUBJECT:	RESTAURANT	HOVIS	ory boorf, LL					
SUBJECT: RESTAURANT ADVISOR-Y GROVP, 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 corresp	ondence concerning this ma	atter to the fo	llowing:					
ZACH (Name of Person		_					
-	Firm/Company		_					
1270 N	EGLIN PAR	WAY, S	Suite C-14					
	y/State and Zip Code	79	_					
E-mail address: (t	obcused for future annual	report notific	ation)					
For further information concerning this matter, please call:								
Zach (o	of Person	at (8 SO	OSO -8475 Area Code & Daytime Telephone Number					
Mailing Adda Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:								
¾ \$25 Filing F	ee	\$ 5:	5 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 605.0114 or 605.0116. 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. Na	1270 N. EGLIN PARKWAY Regarded of the limited liability company: Disabled of the address of limited liability company:	RANT	ADVISORY	GROVP,	LLC
2 (a)	1270 N. EULIN PARKWAY	(b)	1270 N	Eccin PA	Rkunty
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY	BE POST OFFICE	E BOX)
	Suite C-14	<u> </u>	SHALIMAK	-14	
	SHALIMAR, FL 32579		SHALIMAR	1FL 37	579
	FB 5 2013		4130000	018513	
3.	Date of filing/registration in Florida	4.	Document n	umber	
5. (a)	RICHARD IT POWELL				
2. (11)	Registered Agent and Registered Office shown on the records of the		ot, of State:		
	97 EGLIN PARKWAY N	E		20	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		20 J	-7 -7
				1020 JAN 17	
	FT WALLOW BOACH .FL	325	-48	HENT OF	M
(b)	ZACHADY C. COOPER			H 7:0	O
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> :	19m 3	
	1270 N. EGGIN PARKWAY, Su	ITE C	14		
	NEW Registered Office Address:				
	SHACIMAR .FL	375	<u>//</u>		
change agent v was/w	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the law.	registered o bility comp f the limited limited liab	office and the business any, it is hereby con I liability company e ility company.	ss office of the re firmed that the corras otherwise p	gistered hange(s)
Signa	nure of a member or anthorized representative of a member	<u></u>	Printed or typ	ped name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided selv reflect a change in the registered office address, I h d in writing of this change.	ee to act in performance for in Cha, ereby confi	this capacity. I furth e of my duties, and I pter 605, F.S. Or, if rm that the limited li	ier agree to com am familiar with this document is ability company	ply with the and accept being filed has been

Signature of Registered Agent