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Office Use Only



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COVER LETTER

Impact FHS Restaurants XI LLC **SUBJECT:** 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: Tushar J Shembekar Name of Person Impact FHS Restaurants XI LLC Firm/Company 1936 Bruce B Downs Blvd #500 Address Wesley Chapel, FL 33544 City/State and Zip Code tj@impactfhs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 TJ Shembekar) 434-2384 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

2 \$25 Filing Fee

TO: Registration Section

Division of Corporations

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: Impact FHS Resta	aurants XI LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1936 Bruce B Downs Blvd #500 Wesley Chapel, FL 33544	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1936 Bruce B Downs Blvd #500 Wesley Chapel, FL 33544	2013 SEP
3/25/2013	L13000044229	- XEC - 1
3. Date of filing/registration in Florida	1. Document number	To B
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept.	of Sept.
Registered Agent:	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·
Registered Office Address:	1201 Hays St	
	Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Tushar J Shembekar 1936 Bruce B Downs Blvd #500	
(MUST BE FLORIDA STREET ADDRESS)	Wesley Chapel	FL 33544
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		
Tushar J Shembekar Printed or typed name of signee		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I fu per and complete performance ition as registered agent as pro ely reflect a change in the regis has been notified in writing of	rther agree to of my duties, wided for in stered office this change.

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

Signature of Registered Agent /