L15000010913

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



500278409615

10/26/15--01021--005 **25.00

ZOIS OCT 26 PM 2: 46

K.SALY EXAMINER OCT 28 2015

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations C Group Restaurant Investments, 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: Biff Godfey Name of Person Godfrey Legal Firm/Company 2601 Technology Dr. Address Orlando, FL 32804 City/State and Zip Code biff@godfreylegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Biff Godfrey Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 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. N	ame of the limited liability company:	.estaurant	Investments LLC	·	
2. (a)	C Group Restaurant Investments LLC	(b	(b) C Group Restaurant Investments LL		
```	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing ad	dress of limited liability company: MAY BE POST OFFICE BOX)	
	9467 W. Colonial Dr.		1020 Oakdale	St.	
	Ocoee, FL 34761	<del></del>	Windermere, F	∟ 34786	
	January 20, 2015		L15000010913		
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (a)	Perzid Ichhaporia				
J. (u.	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of State:		
	Perzid Ichhaporia				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	<u> </u>	72	
	1020 Oakdale St.			170 0 TI	
	Windermere	FL 34786	<del></del>	まだって ア	
(b)	Biff Godfrey, Esq.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	Iress:	FILED PH 2: 46 2015 OCT 26 PH 2: 46 IALLAHASSEE, FLORIG:	
	Biff Godfrey, Esq.			25 <b>f</b>	
	NEW Registered Office Address:				
	2601 Technology Dr.	·			
	Orlando	FL_32804			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regis d liability co ers of the lim the limited l	tered office and the mpany, it is hereby ited liability compa iability company.	business office of the registered confirmed that the change(s)	
Sign	Signature of a member or authorized representative of a member		zid Icchaporia	r typed name of signee	
I have	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address writing of the change	agree to act lete performo ided for in ( s, I hereby co	in this canacity. I	further garee to comply with the	

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