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ACCOUNT NO. : 07210000032

REFERENCE : 224153

11663B

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: July 17, 2001

ORDER TIME : 12:40 PM

ORDER NO. : 224153

CUSTOMER NO: 11663B

CUSTOMER: Barbara Mikula, Legal Asst

Kubicki Draper

Suite 1600

One E. Broward Boulevard Ft. Lauderdale, FL 33301 600004481766--0

CHANGE OF AGENT

NAME:

INNOVATIVE RESTAURANTS OF

WESTON, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

*	BOTH FOR LIMITED) LIABILI	TY COMPAN	X		
Pursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 608.416 of ts the following statement ate of Florida.	or 608.508, Ein order i	Florida Statui o change its re	es, the under gistered offic	rsignea lim e or registi	iired ered
1 The name of the limi	ted liability company is:	<u>Innovat</u>	ive Restauran	ts of Westo	n, L.L.C.	·
2 The mailing address	of the limited liability con	npany is:_	2611 East	Atlantic F	3lvd.	
Pompano Beach, FL		-				
Pompano beach, Fi),		Terfold Land region		F.,	-
7/2/98		g	<u> 19800000</u>	945	<u></u>	
3. Date of filing/registr	ation in Florida	1 1	4. Document	number		
5. The name of the regi	stered agent and the regist	ered_office	address as shov	vn on the reco	ords of the	
Florida Department of	of State: Darrel B					
		Name	<u>*</u> .	7.2		3
	2611 East At	lantic Bl	vd.	·	_	
		Address		· •	OI .	
	Pompano Beac	h, FL 33	062		CRE JE	
	•	State and Z			ASS I	
6. The name and addre	ss of the new registered ag	ent and/or	office:		Y OF	i je
	Charles Post	ernack		<u> </u>	STAT FLORI	, }
		Name			· 255	- -
1	400 East Linton	Blvd.	Suite #G-3	<u> </u>) >	,
	Florida street address	(P.Ö. Box	NOT acceptable	le) -		
	Delray Beach,	FL_	33483			
	City, S	State and Z	ip			
and the business office liability company, it is	company is not organized to change or changes are me of the registered agent with the limited liability company ment of the limited liability.	ill be identi change(s) or as other	ical. Or, in the was/were authorwise provided	case of a Flor	ida lunited iffirmative	vo:e
8 and D	Worl (-	م الوالمان ي		,
(Signature of a member or a	uthorized representative of a mem Darrel Broek, mana	ger	-	.•		
(Printed or typed name of si	gnee)			<u>24</u>	- ,	· .
•	ppointment as registered a sions of all statutes relativ h and accept the obligation if this document is being firm that the limited liabili	ns of my po filed to me ity compan	gree to act in the sper and complessition as registe trely reflect a chy has been notif	is capacity. It is performant the performant the real agent as the real angle in the real angle in writing	I further ag ice of my di provided fo egistered of of this cha	ree to uties, or in ffice nge.
(21 Ritarme or 1/c Risteren Lt	 /					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314