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PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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Office Use Only



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11/07/06--01027--007 **25.00



November 3, 2006

To Whom It May Concern:

Please file the enclosed Change of Agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number can be reached at is 1-800-235-0337 x 110

Sincerely,

Jíll Probst
Corporate Services Department

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. The name of the limite	ed liability comp	oany is: AIR CHEF H	OLDINGS, LLC	
2. The mailing address of				•
37 E. WILSON BRIDGE RE)., SUITE 200 W	ORTHINGTON OH 43	085	
05/15/2002				M02000001247
3. Date of filing/registrat	ion in Florida		4. Document nur	
5. The name of the register Florida Department of		he registered office	address as shown	
•	BABNER, DAV	ID W BDB AGENT CO	O.	ALL SEC
		Name		PR O
2500 N. MILITARY TRAIL, STE. 480			AST 1	
Address		SER T		
	BOCA RATON	City, State and Zi	n	
6. The name and address	of the new regis	•	•	2006 HOV - 7 AM 10: 43 SECRETARY OF STATE TALLAHASSEE, FLORID
	NRAI Services,	Inc.		3/4
	2731 Executive	Name Park Drive, Suite 4		
	Florida street	address (P.O. Box	NOT acceptable)	
	Weston	FL 33331		
		City, State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement.	reby confirmed ed liability comp	that the change(s) we can or as otherwise	ws of the State of I rida street address al. Or, in the case vas/were authorize provided in the ar	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
(Signature of a member or author	ized representative o	f a member)		
(Printed or typed name of signes)	VEZ			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc. (Signaphre of Registered Agent)	intment as regis ins of all statutes ad accept the ob this document is that the limited	tered agent and agr relative to the prop ligations of my posi s being filed to mere I liability company i Hant Secre ta		apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00