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(Requestor's Name)					
(Add	dress)				
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(Address)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	of Status			
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D. BRUCE
MAR 1-3 2012
EXAMINER

COVER LETTER

Division of Corporations							
	orton's of C						
Dear Sir or Madam:							
The enclosed Registered Agent/Regi	stered Office	Change	and fee	(s) are submitted t	for filing	.	
Please return all correspondence con	cerning this m	natter to	the foll	owing:			
Denise Bell			_				
Name of Person							
NRAI Corporate Se	ervices	ı <u>.</u>	_				
16055 Space Center Blvd., Suite 235					おき	•	
Houston, TX 77	062					A 12	
City/State and Zip Cod	le		_			X	1
dbell@nrai.com E-mail address: (to be used for future annual report notification)			_			35	
For further information concerning t						٠	
Denise Bell	at (_	800	_)	862-5438	3		
Name of Person		7	Area Code	& Daytime Telephone	Number		
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the	following am	ount:					
\$25 Filing Fee		\$55 Filing Fee & Certified Copy					

TO:

Registration Section

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.

Name of the limited liability company: Morton's of Chicago/Orlando LLC						
2. (a) Principal office address of limited liability	company:					
(Note: MUST BE STREET ADDRESS)						
(b) Mailing address of limited liability compan	<u> </u>					
(Note: MAY BE POST OFFICE BOX)						
06/14/2005	M0500003220					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:					
Registered Agent:	CT Corporation System					
Registered Office Address:	1200 South Pine Island Read Plantation, FL 33324					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
NEW Registered Agent:	NRAI Services, Inc.					
NEW Registered Office Address:	515 East Park Avenue					
MUST BE FLORIDA STREET ADDRES	SS) Tallahassee ,FL32301					
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						
Denise Bell, Manager Printed or typed name of signee						
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability MRAISONICES, Inc.	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.					
Joy Schroeder, Asst. Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00						

by: