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



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D. BRUCE

MAR 1 3 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Morton's of Chicago/Boca Raton LLC Name of Limited Liability Company						
		Trumo or Emilion	i Diability Co.	p,		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Re	egistered Office (Change and fe	e(s) are submitted for	r filing.	
Please	e return all correspondence c	oncerning this m	atter to the fol	llowing:		
	Denise B	ell				
	Name of Person	l				
	NRAI Corporate Firm/Company		<u>. </u>			
	16055 Space Center B	lvd., Suite 235				73 .
	Houston, TX 7					MAR 12 I
E	dbell@nrai. -mail address: (to be used for future a	COM nnual r ep ort notification	on)		REGINA	至一段
For fu	orther information concerning	g this matter, plea	ase call:			Ť
	Denise Bell	at (800)	862-5438		
	Name of Person		Area Coo	de & Daytime Telephone N	umber	
	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box 6	f Corporations		
	Enclosed is a check for th	ie following amo	ount:			
\$25 Filing Fee				g Fee & Certified Co	ру	

12.

TO:

▼. 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: Morto	n's of Chicago/Boca Raton LLC						
2	2. (a) Principal office address of limited liability company:							
	(Note: MUST BE STREET ADDRESS)							
	(b) Mailing address of limited liability company:							
	(Note: MAY BE POST OFFICE BOX)							
_	06/14/2005	M05000003224						
3	3. Date of filing/registration in Florida	4. Document number						
5	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Agent: Registered Office Address:	CT Corporation System						
		1200 South Pine Island Road						
		Plantation, FL 33324						
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>							
	NEW Registered Agent:	NRAI Services, Inc.						
	NEW Registered Office Address:	515 East Park Avenue						
	MUST BE FLORIDA STREET ADDRESS)	Tallahassee "FL32301						
т	f the limited liability company is not organized under the							
a li c	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							
7	Denise Bell, Manager Printed or typed name of signee	_						
by: $\frac{1}{3}$	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, K.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services Inc. Signal by Registered Agent							
Jo	by Schroeder, Asst. Secretary Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314						
	FILING FEE: \$25.00							