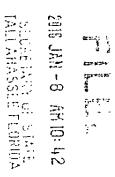
M0500000 4173

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	me)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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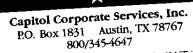
01/08/16--01006--017 **25.00

J. HARRIS

COVER LETTER

-	sistration Section ision of Corporations			
SUBJECT:	OCB RESTAURANT COMP.	ANY, LLC		
	Name	of Limited Liability Company		
Dear Sir or M				
The enclosed	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this r	natter to the following:		
		·		
·	•			
Myra Simi	mons	•		
	Name of Person			
•	•	·		
Capital Co	orporate Services, Inc. (Regis	tared Agent Dent)		
Capitol Ct	Firm/Company	itered Agent Dept.)		
	1 IIII/Company			
PO Box 1				
	Address			
Austin, TX	X 78767			
	City/State and Zip Code			
E-mail	address: (to be used for future annua	report notification)		
For further i	information concerning this matter, pl	ease call:		
	•	•		
Myra Simi	mons	at (800) 345-4647		
	Name of Person	Area Code & Daytime Telephone Number		
COTTO	PERMICATION ADDRESS.	MATI DIG ADDRESS.		
	REET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section		
	ision of Corporations	Division of Corporations		
	ton Building	P.O. Box 6327		
	1 Executive Center Circle			
	ahassee, Florida 32301	Tallahassee, Florida 32314		
,	· · · · · · · · · · · · · · · · · · ·	•		
Enc	losed is a check for the following at	nount:		
$\boxtimes s$	25 Filing Fee	\$55 Filing Fee & Certified Copy		
INHS18 (2/14	4)			

Return acknowledgment to: BJR



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

subm	ant to the provisions of sections 605.0114 or 605.0. its the following statement in order to change its	116, Floria registered	la Statutes, t office or re	he undersigned limited egistered agent, or bot	liability company h, in the State of	,
Florie	IOCB RES	TAURAN	IT COMP	ANY, LLC		
1. N	ame of the Limited Liability Company:					İ
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)) <u>)</u> (OCNUCE AN Mailing address of limited its Note: MAYBE POST O		
	HOILYWOOD PANE TX 78	<u> </u>	JOH	Wywood Par	KTX 182	ુે.
	<u> </u>	<u>_</u>	_ , , , , ,	, 1+1+		
	1/1/1900		M05000	0006173		
3,	Date of filing/registration in Florida	4.		Document number		
5. (a	CORPORATION SERVICE COMPANY			_		•
	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of State	e:		12.2
	1201 HAYS STREET				<u> 2400</u>	2016
	Registered Office Address MUST BE FLORIDA STREET	ET ADDRES	<u>'S}</u>	-		
	,					
	TALLAUMOOFF				602	00
	TALLAHASSEE	FL_3230	<i>)</i> 1	-	171-1	
	Caribal Carriage Inc					
(b)	Capitol Corporate Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ned Office as	Idress:	•	<u> </u>	$\overline{\Box}$
	The same of the sa	100 01000		•		12
	155 Office Plaza Dr Ste A				2-1	N
	NEW Registered Office Address:			-		
				٠		
			· · ·	-		
	T-8-6	2020	vatr .			
	Tallahassee	FL_3230	71	.		
If the	limited liability company is not organized under the	laws of the	e State of Flo	orida, it is hereby confir	med that after	
	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited					
was/v	vere authorized by an affirmative vote of the member	rs of the lin	nited liabilit	y company or as otherw		
the ar	ticles of organization or the operating agreement of	the limited	liability con	прапу.	D	
	V-K 168			10220 KB	M	
_	ature of a member or authorized representative of a member			Printed or typed name of si		
I heri provi:	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compl obligations of my position as registered agent as prov rely reflect a change in the registered office address	agree to ac ete perforn	rt in this cap nance of my Chapter 60°	acity. I further agree to duties, and I am familia 5 F.S. Or if this docum) comply with the or with and accept sent is being filed	•
to me	rely reflect a change in the registered office address,	, I hereby a	confirm that	the limited liability com	ipany has been	
/WILLIAM	ed in writing of this change.		-	nt Secretary on		
Signat		-		rate Services, Inc.		