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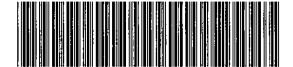
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EXAMINER

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TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

F 1L E U



CORPORATION SERVICE COMPANY ACCOUNT NO. : 120000000195

REFERENCE 20037 5045411 AUTHORIZATION MELBERAL

COST LIMIT : \$ 25.00

ORDER DATE: May 29, 2009

ORDER TIME : 9:32 AM

ORDER NO. : 020037-099

CUSTOMER NO: 5045411

CHANGE OF AGENT

NAME: CARMELA'S OF KIRKMAN LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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	e limited liability company:	CARMELA'S C	F KIRKMAN LLC	
2. (a) Principa (<i>Note:</i>	al office address of limited li MUST BE STREET ADD	iability company: <u>RESS</u>)	401 Broadhollow Road Melville, NY 11747	
(b) Mailing (Note:	address of limited liability MAY BE POST OFFICE	company: <u>BOX</u>)		
01/19/2006			M06000000327	
3. Date of filin	g/registration in Florida	4	. Document number	
5. (a) Registe	red Agent and Registered O	office shown on th	e records of the Florida Dept	of State:
Registe	red Agent:	9	C T Corporation System	
Registe	red Office Address:		1200 South Pine Island Road Plantation, FL 33324	
(b) Enter na	ame of <u>NEW Registered A</u> s	gent and/or NEW	Registered Office address:	
<u>NEW</u> F	Registered Agent:	<u>.</u>	Corporation Service Compan	У
NEW Registered Office Address:			1201 Hays Street	
<u>(MUST</u>	<u> BE FLORIDA STREET A</u>	<u>DDKESS)</u> -	Tallahassee	,FL_32301
limited liability	ability company is not organiange or changes are made, to gistered agent will be identiced that the change(s) was/winy or as otherwise provided of company. Light of a without a company was a company with a company was a company with a company was a company with a company was a company was a company with a company was a company was a company was a company with a company was a compa		ws of the State of Florida, it is address of the registered office of a Florida limited liability an affirmative vote of the moorganization or the operating	is hereby confirmed be and the business y company, it is embers of the limited agreement of the
Maureen Culle (Printed or typed na	n, Authorized Representativ	re		
(Signature of Regis	tered Agent)		ree to act in this capacity. I j ver and complete performanc s registered agent as provide ange in the registered office n writing of this change.	
Elizabeth A	a. Dawson, Asst. Vice Presic Division of Corpora	ient tions, P.O. Box 6	327, Tallahassee, FL 32314	
		FILING FEE: S	\$25.00	्रिक्त क शह ्य
INHS18 (05/08)				