MOODOWAR

(Requestor's Name)
(Address)
(1,001,000)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Onicer.

Office Use Only



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02/08/10--01035--004 **25.00



D. BRUCE

FEB 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	3
SUBJECT:	Cameron Mitchell Restaurants, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The anglosed Pegistered Agent	Registered Office Change and fee(s) are submitted for filing.
The cholosed Registered Agent	registered Office Change and rec(s) are submitted for filling.
Please return all correspondence	e concerning this matter to the following:
Matt Tho	
ivaine of re	SUI
National Register	ed Agents, Inc.
Firm/Comp	
	vd., Suite 210 Vd., Suite 210 KS 66210
11600 College B	vd Suite 210
Address	va., Salite 210
0 - 1 - 1 - 1	NO COSAGO
Overland Park	KS 66210
City/State and 2	p Code
tneville@camero	nmitchell.com
E-mail address: (to be used for futu	e annual report notification)
For further information concern	ing this matter, please call:
Matt Thompson	at (800) 550-6724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Ci	,
Tallahassee, Florida 3230	
Enclosed is a check for	the following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:Can	neron Mitchell Restaurants, LL	<u>C</u>
2. (a) Principal office address of limited liability compa	any: 515 Park Street	
(Note: MUST BE STREET ADDRESS)	Columbus, OH 43215	
(b) Mailing address of limited liability company:	515 Park Street	
(Note: MAY BE POST OFFICE BOX)	Columbus, OH 43215	
01/26/2006	M0600000469	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of Sta	ate:
Registered Agent:	Bruce H. Burkholder	
Registered Office Address:	19501 Biscayne Blvd. Art Bldg. 2029 Aventura, FL 33180]
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	EW Registered Office address;	ED
NEW Registered Agent:	NRAI Services, Inc.	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite	<u> </u>
(MCST BE TEORIDA STREET ADDRESS)	Weston ,FL33	331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as office or the operating agreement of the limited liability company or as office or the operating agreement of the limited liability company. Signature of a number or authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to a ladgest. I hereby confirm that the limited liability components.	e Florida street address of the registered entical. Or, in the case of a Florida limite(s) was/were authorized by an affirmati herwise provided in the articles of organ any.	office ted ve vote nization
Signature of Regisfered Agent Matt Thompson, Assistant Secretary		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)