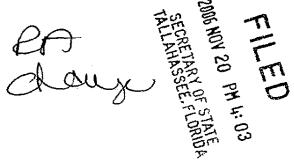
## P000000000845

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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DEPART SHT OF STATE STAT

## CAPITAL CONNECTION, INC.

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Joe's Ocean Market I	hc	
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	- - -	
	Art of Inc. File	
	LTD Partnership File	
	Foreign Corp. File	
	L.C. File	
	Fictitious Name File	· ·
· / / /	Trade/Service Mark	
	Merger File	<u> </u>
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\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RA Recignation Charge	
	Dissolution / Withdrawal	
<del></del>	Annual Report / Reinstatement	
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	Corp Record Search	
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W 1//20 1/:00	UCC 11 Search	
Name Date Time		

UCC 11 Retrieval\_\_\_\_\_

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		12, 607.1508, or 617.1508, Florida Statut	
•		sized under the laws of the State of <u>Floric</u> ered agent, or both, in the State of Floride	
	_	-	<b>6</b> 2
	the corporation: JOE'S OCEAN MARKE		<del>-</del>
2. The principal	office address: 900 N. Ocean Drive, Hol	lywood, FL 33019	. 2
3 The mailing a	address (if different):		- S 8
o. mid mining			記る
4. Date of incom	poration/qualification: 02/29/2000	Document number: P0000002084	5 6 70
	d street address of the current registered a trment of State:	gent and registered office on file with the	FSTATE OF
	Nofal Kahook		DE C
	900 N. Ocean Drive		
	Hollywood, FL 33019		
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	
	Mohammed Kahuk		
	900 N. Ocean Drive		
	(P.O. Box NOT acceptable) Hollywood, FL 33019	' 	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an office tified in writing of the change.	n so
Mojal (Signatu	(al work)	Nofal Kahook, Director	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.	d agree to act in this capacity utes relative to the proper and complete igation of my position as registered ager e registered office address, I hereby con	performance it. Or, if this firm that the
Mal	nature of Registered Agent)	November 16, 2006	<del></del>
If signing on be	half of an entity:		
MOHAM	1EO S. KAHUK yped or Printed Name)		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)