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| (Requestor's Name)                      |   |
| (Address)                               | 100186749851  |
| (Address)                               | 100100743031  |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       | 10/19/1001018019 **35   |
| (Business Entity Name)                  | ·   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
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\*\*35.00

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |
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| SUBJECT: Sam's ST. JOHNS SEAFOOD RESTAURANT #6 INC. Name of Corporation                          |  |
| DOCUMENT NUMBER: P000000 39394   |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.    |  |
| Please return all correspondence concerning this matter to the following:                        |  |
| SAM BAJALIA  Name of Contact Person  |  |
| Name of Contact Person   |  |
| RESTAURANT SOLUTIONS Firm/Company  |  |
| Firm/Company   |  |
| 83) N. PALMETTO AUE Address  |  |
| GREEN COVE Speings, FL 32043 City/State and Zip Code   |  |
| E-mail address: (to be used for future annual report notification)                               |  |
| For further information concerning this matter, please call:                                     |  |
| Michael Scaebeough at (904) 284-4933 Name of Contact Person Area Code & Daytime Telephone Number |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                             |  |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.   |
|---|
| 1. The name of the corporation: SAMS ST. JOHNS SEAFOOD DESTAVE ANT #6 INC.  2. The principal office address: 7949 NORMANDY Blub  TACKSON VILLE, FL 32221  |
| 3. The mailing address (if different): 831 N. PALMETTO AUE  GREEN COUE Speings, FL 32043  |
| <ul> <li>4. Date of incorporation/qualification: 4/19/2000 Document number: P00000 3939 4</li> <li>5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li> </ul>  |
| AREL, DANIEL D  ONE INDEPENDANT DEIVE SUITE 230/  TACKSONVILLE FL 32202   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  J. Stanley Chapman - Equels Law Firm  1. Stanley Chapman - Equels Law Firm  P.O. Box NOT acceptable  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  Signature of an officer or director  Printed or typed name and title  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 obligation of my position as registered agent. Or, if this document is being filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  Date  If signing on behalf of an entity: |
| Typed or Printed Name   |

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