

PO1000074910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

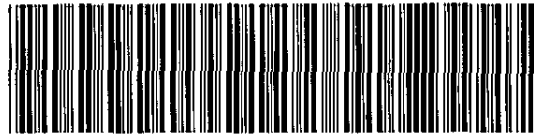
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600061063346

11/17/05--01103--007

RECEIVED  
05 NOV 15 PM 1:48  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RA chs.

58

**Carolyn M. Hurst**  
**Certified Public Accountant**

92 Horseshoe Trail  
Crawfordville, Florida 32327  
(850) 926-9165

November 8, 2005

Susan Payne  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Y & Y Group, Inc.  
Mori Japanese Steakhouse of Tallahassee, Inc.

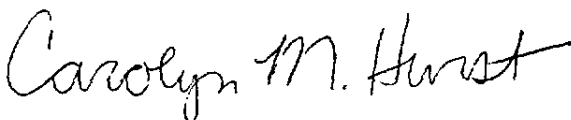
Dear Susan,

Please accept the enclosed Statements of Change of Registered Agents as timely filed for the above corporations, and reinstate Y & Y Group, Inc. as an active corporation.

As I told you on the phone, we mailed original statements to change agents on September 6, 2005. Checks no. 2526 & 2527, dated 9/2/05, in the amounts of \$35.00 each were enclosed. Apparently these were never received by the Division, as they have not cleared the bank. We apologize for this, but we did make every effort to comply with the requirement to file.

Thank you for your assistance, and please call me if you need any further information. My work telephone is (850)877-2804.

Sincerely,



Carolyn M. Hurst  
Certified Public Accountant

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mori Japanese Steakhouse of Tallahassee, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO10000 74910

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:

Carolyn M. Hurst  
(Name of Contact Person)

Carolyn M. Hurst, CPA  
(Firm/Company)

92 Horseshoe Trail  
(Address)

Crawfordville, FL 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Hurst  
(Name of Contact Person)

at ( 850 ) 877-2804  
(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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mori Japanese Steakhouse of Tallahassee, Inc.  
2. The principal office address: 2810-8 Sharer Road  
Tallahassee, FL 32312  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/30/01 Document number: P01000074910  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

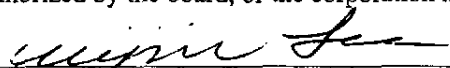
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carolyn M. Hurst  
92 Horseshoe Trail  
(P.O. Box NOT acceptable)  
Crawfordville, FL 32327

05 NOV 15 PM 1:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

 Mi Jin Lee, President  
(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 filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Carolyn M. Hurst 11/8/05  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed 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)