

PO1000085766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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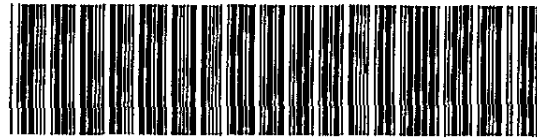
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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06/27

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PORT ST. LUCIE SUPER BUFFET, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000085766

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIVIAN LIAO

(Name of Person)

J & U TAX SERVCIES CENTER, INC.

(Name of Firm/Company)

ONE EAST BROADWAY, 3RD FLOOR

(Address)

NEW YORK, NY 10038

(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIAN LIAO

(Name of Person)

at ( 212 ) 566-0351

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 7, 2005

VIVIAN LIAO  
J & U TAX SERVICES CENTER, INC.  
ONE EAST BROADWAY, 3RD FLOOR  
NEW YORK, NY 10038

SUBJECT: PORT ST. LUCIE SUPER BUFFET, INC.  
Ref. Number: P01000085766

We have received your document for PORT ST. LUCIE SUPER BUFFET, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**ONLY ONE PERSON IS LISTED AS REGISTERED AGENT.**

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 605A00045216

**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: PORT ST. LUCIE SUPER BUFFET, INC.
2. The principal office address: 7151-7159 S. US HWY 1  
PORT SAINT LUCIE, FL 34952
3. The mailing address (if different): ONE EAST BROADWAY, 3RD FLOOR  
NEW YORK, NY 10038
4. Date of incorporation/qualification: 08/29/2001 Document number: P01000085766
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
ZHANG, YU JIN; 7151-7159 S. US HWY 1, PROT ST. LUCIE, FL 34952

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

GUO, MENG HUA; 7151-7159 S. US HWY 1, PORT ST. LUCIE, FL 34952

(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 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.*

Meng Hua Guo  
(Signature of Registered Agent)

7/22/2005

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

MENG HUA GUO

\_\_\_\_\_  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA