Amendment Section Division of Corporations

SUBJECT: Table for Two, Inc.	 -			//UZU ⊭35.00	1035002 *****35.00
(Name	of corporatio	n)		_	;
DOCUMENT NUMBER: P01000091507					
The enclosed Statement of Change of Registered	I Office/Age	nt and fee are sul	omitted for	r filing.	
Please return all correspondence concerning this	matter to the	e following:			
Suzanne Dellavalle	-				
(Name of person)		•	25		
Table for Two, Inc.				=	
(Name of firm/company)	· · · · · · · · · · · · · · · · · · ·		रूपे ?	<u> </u>	02
1750 Highway AlA South #A				CRET	F 11.
(Address)		•		SSA	20 =
St Augustine, Florida 32080			- Jerry	FOR	? M
(City/state and zip code)		* - 1 * * * * * * * * * * * * * * *	see as .	51.8 S.1.8	 0
For further information concerning this matter,	please call:				: 57
Suzanne Dellavalle at (Name of person)	(<u>904</u> (Area code) 471–2247 & daytime teleph	one numbe	<u>r)</u>	
Englaced 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
409 E. Gaines Street
Tallahassee, FL 32399

20 Stores

CR2E045(07/02)

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

Pursuant to the	ne provisions of section	ns 607.0502,	617.0502,	607.1508	or 617.1.	508, Flo	rida St	atutes
The statement	of change is submitted	jor a corpora	tion organi	ized under	the laws o	of the Sta	rte of	
of Florida.	in order to che	ange its regist	tered office	or regist	ered agent	, or both	h, in the	? State
_	Cat.							
	f the corporation:	lable for	Iwo, In	c.				
2. The principa	I office address:	1750 High	æ <u>≕</u> way A1A	South :	#A	· · · · · · · · · · · · · · · · · · ·		
		St August	ine, Flo	rida 320	080			
3. The mailing	address (if different):_		·	-				· .
4 Date of inco	moration/enalist	0/26/6	=		<u> </u>	<u> </u>	**3	<u> </u>
Date of meo.	poration/qualification:	<u>9/18/0</u>)1	Documer	it number:	_P0100	<u> 960915</u>	9 7
5. The name an Florida Depa	d street address of the ortment of State:	current registe	ered agent a	nd registe	red office	on file v		
	National Reg	istered Ag	ents, In	ıc.	_ 42	- C		2 1
	P.O. Box 927			an siringan day o			F S -	- (
	West Windsor						ATE 07	ī
б. The name an changed):	nd street address of the	e new registe	red agent (if change	d) and /or	register	ed offic	e (if
······································	Suzanne Della	avalle	10.	the first see a	رة أ مرافع علم أ	z -		
	1750 Highway	AlA South	#A			<u> </u>		
	(P.O.	Box or personal ma	lbox NOT acce	ptable)		<u></u>	٠	
-	St Augustine,	, Florida :	3 <u>208</u> 0		<u>=</u>	2 1		
The street addreasent, as change	ess of its registered offed will be identical.	ice and the st	reet address	s of the bu	isiness off	ice of its	registe	red
Such change wa authorized by th	s authorized by resolute board, or the corpora	tion duly ado ation has beei	pted by its i notified in	board of a	directors of of the char	r by an o	officer s	ю.
(Signature of an officer,	chainnan or vice chairman of the	board)	Suzanı	ne Della	valle	<u></u>		
registered agent	the appointment as res o comply with the prof my duties, and I am fa . Or, if this document hereby confirm that th	is haine filed	t and agree statutes rel nd accept to	to act in ative to the he obligation	this capac te proper c tion of my	rity. and comp position	as	
- Sugar	mature of Registered Agent)	alle.		8/2	6/07	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
If signing on behalf			•	•	• -			
Suzanne De		- -	-Presid	lent	صاب. غض خد	- ·		
(T)	ped or Printed Name)			(Ca	nacity)			

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