## P01000115629

Office Use Only



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DIVISION OF CORPORATIONS
11 SEP -2 AMII: 21

RACHS

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

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: PARO 90n Restaurant group inc
2. The principal office address: 5 Pesave Irvine eA 92614
3. The mailing address (if different): 503 a champian BIVD  Boca vaten FLa 33496
4. Date of incorporation/qualification: 12/04/01 Document number: 10/001/01
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)
Rahman Mahund 5030 Champion Blvd - Stz. B-5 Boca Raton, Fl 33494
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Samura R. Khadiri  So 30 Changin Blvd. See BS  Baca Ration Flores NOT acceptable  Back Ration Flores 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  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 comporation has been notified in writing of this change.
8/19/2011
Signature of Registered Agent Date
If signing on behalf of an entity:
Samira R Khadiri Typed or Printed Name

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