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## **COVER LETTER**

| TO: Amendmen Division of | at Section<br>Corporations                   |   |
|--------------------------|--|---|
| SUBJECT:                 | Dinello Restauran                            | t Ventures, Inc.  |
| DOCUMENT NU              | MBER: P03                                    | 3000037353  |
| The enclosed Stater      | nent of Change of Registered Offic           | ce/Agent and fee are submitted for filing.                |
| Please return all cor    | rrespondence concerning this matte           | er to the following:                                      |
|                          |  |   |
|                          | Diane J. H                                   | arrison, Esq.   |
| -                        | Name of Co                                   | ontact Person   |
|                          |  |   |
|                          |  | Law, P.A.   |
|                          | Firm/C                                       | ompany  |
|                          | 6960 Culfood                                 | Dlvd Co. #163   |
|                          | Ad   | Blvd. So., #162<br>dress                                  |
|                          |  |   |
|                          | South Pasad                                  | ena Fl 33707  |
|                          | City/State a                                 | ena, FL 33707<br>and Zip Code                             |
|                          | Diano@harrie                                 | onlawna com   |
| _                        | Diane@harris E-mail address: (to be used for | future annual report notification)                        |
|                          | `  | •   |
| For further informa      | tion concerning this matter, please          | call.   |
|                          | non-concerning and maner, presse             |   |
|                          | ne J. Harrison, Esq.                         | at ( 941 ) 723-7564  Area Code & Daytime Telephone Number |
| Nan                      | ie of Contact Person                         | Area Code & Daytime Telephone Number                      |
| Enclosed is a \$35.0     | 0 check made payable to the Depa             | rtment of State.  |
|                          |  |   |
|                          | Mailing Address: Amendment Section           | Street Address:   |
|                          |  | Amendment Section   |
|                          | Division of Corporations                     | Division of Corporations                                  |
|                          | P.O. Box 6327                                | Clifton Building  |
|                          | Tallahassee, FL 32314                        | 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. |   |                                     |                                |              |  |  |
|--|---|-------------------------------------|--------------------------------|--------------|--|--|
|  | ne corporation: Dinello Restaurant Ventures, Inc.   |                                     |                                |              |  |  |
|  | office address: 2701 4th Street North, Ste. 102, St. Petersburg, FL   | 33704                               |                                |              |  |  |
| 3. The mailing ad  | Idress (if different):  |                                     |                                |              |  |  |
| 4. Date of incorpo   | oration/qualification: April 3, 2003 Document number: P03   | 3000037                             | 7353                           |              |  |  |
|  | street address of the current registered agent and registered office on file with t ment of State: (If resigned, enter resigned)  | he                                  |                                |              |  |  |
|  | Resigned  | SE                                  | 201                            |              |  |  |
|  |   |                                     | 20 كالل 29                     |              |  |  |
|  |   | ARY<br>1.38E                        | . 29                           | t transferry |  |  |
| 6. The name and (if changed):  | street address of the new registered agent (if changed) and /or registered office   | OF STA                              | 1 :01 HV                       | 5            |  |  |
|  | Diane J. Harrison, Esq.   | <b>D</b> [77]                       | <del>-</del>                   |              |  |  |
|  | Harrison Law, P.A.  P.O. Box NOT acceptable   |                                     |                                |              |  |  |
|  | P.O. Box NOT acceptable 6860 Gulfport Bivd. So., #162, South Pasadena, FL 33707   |                                     |                                |              |  |  |
| •  |   |                                     |                                |              |  |  |
|  | es of its registered office and the street address of the business office of its rebe identical.  |                                     | agent,                         |              |  |  |
| Such change was authorized by the  | s authorized by resolution duly adopted by its board of directors or by an of<br>e board, or the corporation has been notified in writing of the change.  | ficer so                            |                                |              |  |  |
| Mare   | Oran officer or director  Diane J. Harrison, Sec/T  | reasure                             | <u>r</u>                       |              |  |  |
| I hawabu account t   | the appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complet I am familiar with and accept the obligation of my position as registered a grilled merely to reflect a change in the registered office address, I hereby to been notified in writing of this change. | ete perfoi<br>gent. Or<br>confirm t | rmance<br>; if this<br>hat the |              |  |  |
| Mare   | SHarmon, ESO July 28, 2010 patre of Registered Agent Date   |                                     | <del></del>                    |              |  |  |
| If signing on beh  | nalf of an entity:  |                                     |                                |              |  |  |
|  | e J. Harrison, Esq.   |                                     |                                |              |  |  |
|  | * * * 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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