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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	S		
SUBJECT:	NASBAR PIZZA, (Name o	INC. f corporation)	
DOCUMENT NUMBER:			<u> </u>
The enclosed Statement of Char Resignation of Dire Please return all correspondence	age of Registered Office/ sctor (\$35.00)* concerning this matter to	Agent and fee a	ere submitted for filing.(\$87.50) &
Don R.	Livingstone, E	sq.	
	(Hame)	or person)	
	(Name of fi	rm/company)	
	. W. 62 Ave.	dress)	<u>.</u>
Miami,	FL 33143	and zip code)	
For further information concerni	` *	. ,	
Don R. Livingstone (Name of	person)	at (_3	305) 665-1821 Area code & daytime telephone number)
Enclosed is a \$35.00 check made	e payable to the Departm	ent of State.	
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		<u></u>	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399
*check enclosed for	r \$122.50	eur Tre	

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

=	provisions of sections 607							•
	tted for a corporation org		_			.da	i	n order
to change its reg	ristered office or registere	ed agent, or b	ooth, in the S	tate of Florid	a.			
1. The name of t	he corporation: NA	SBAR PI	ZZĄ, IN	c.	<u></u>			
2. The principal	office address: 33	497 S.	Dix <u>ie</u> H	wy.	-			
····	FL	City,	FL <u>330</u>	34				
3. The mailing a	ddress (if different):		<u>, , , , , , , , , , , , , , , , , , , </u>			<u></u>	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification:	6/30/03		cument numbe	er: <u>P0300</u>	0073803	<u> </u>	
	street address of the curr	ent registered	d agent and	registered offi	ce on file wi	th the		
	None							
		-	*			——— Ā		
		_		······································		<u> </u>	, 10	
					<u> </u>	—— H E	JAN	
6. The name and (if changed):	street address of the new	registered ag	gent (i <u>f</u> chan	ged) and /or re	egistered offi	SSEE, I	-2 AM	
	Kevin B. Ward							O
	33497 S. Dixi	e Hwv.	<u>~</u> ·			ATE RIDA	17	
	33497 S. Dixi	O. Box or person	al mailbox NOT	acceptable)				
	Florida City,	FL 330	034 ==		·			
The street addre	ss of its registered office identical.	and the stre	et add <u>re</u> ss o	of the busines:	s office of it	s registered	agent,	as
Such change wa the board, or the	s authorized by resolution corporation has been no	n duly adop tified in wri	ted by its be	oard of direct change.	ors or by an	officer so a	uthoriz	ed by
Kew	Wa			Direct	or & Pri	esident		
•	gnature of an officer or director)			1)	rinted or typed	name and title)		
auties, and 1 am being filed mere	the appointment as regis o comply with the provis familiar with and accep ly to reflect a change in writing of this change.	tered agent ions of all st tons of all st t the obligat the registere	and agree to tatutes relation of my poor additional add	o act in this c ive to the pro osition as reg iress, I hereb	apacity. per and com istered agen y confirm the	plete perfor t. Or, if thi at the corpo	mance s docun ration	of my ient is has
Klu	1/	_	フヿ	i	2/22/0	3		
	Signature of Registered Agent)		 _		(D	ate)		
If signing on bel	nalf of an entity:							
	(Typed or Printed Name)				(Cap	acity)		

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