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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

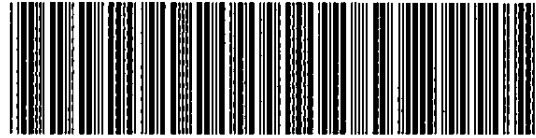
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TALLAHASSEE, FLORIDA

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COHEN. NORRIS. SCHERER
WEINBERGER & WOLMER

ATTORNEYS AT LAW

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BRENT G. WOLMER, P.A.

September 8, 2009

*Of Counsel
**Board Certified Real Estate
***Board Certified Business Litigation

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Office or Registered Agent
For: **Original New York Pizza Department Inc.**
File No. 32397:000

Dear Sir/Madam:

Enclosed please find the original of the above referenced Statement of Change of Registered Office or Registered Agent. Please change your records accordingly.

A check in the amount of \$35.00 is enclosed in payment for the cost of filing.

Your prompt assistance in this matter is greatly appreciated.

Very truly yours,


Larissa K. Lincoln
Legal Assistant

SERegisteredAgentNypizza.ltr
cc: Eric Kohronas
Jonathan A. Berkowitz

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146

TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

**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: ORIGINAL NEW YORK PIZZA DEPARTMENT INC.
2. The principal office address: 9910 ALTERNATE A1A, STE 701
PALM BEACH GARDENS, FL 33410
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/2003 Document number: P03000123001
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)

DUBROW DUKER & ASSOCIATES, P.A.

5401 N. UNIVERSITY DRIVE #204

CORAL SPRINGS, FL 33067

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

JONATHAN A. BERKOWITZ, ESQ.

712 U.S. HIGHWAY ONE, STE 400

P.O. Box NOT acceptable

NORTH PALM BEACH, FL 33408

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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.

X
Signature of an officer or director

ERIC KOHRONAS, 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.

[Signature]
Signature of Registered Agent

Date

8/28/09

If signing on behalf of an entity:

[Signature]
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