## P03000148260

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE.

R.A. Change

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: RESTAUKANT RESOURCES / LC (Name of corporation)                                      |
|   |
| DOCUMENT NUMBER: P03000 148 260   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| MARTY FLYWN (Name of contact person)  |
| RESTANDANT RESURCES, /NC  |
| 1969 ALAGAYA TRAIC, #236 (Address)  |
| ORYMO F 32828<br>(City/state and zip code)  |
| For further information concerning this matter, please call:                                  |
| MAM FUM  at (407) 625-3480  (Name of contact person)  (Area code & daytime telephone number)  |
| That well is a \$25.00 shock made accepted to the Department of Conte                         |

Enclosed 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

## 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.   |
|---|
| 1. The name of the corporation: RESTAURANT RESURCES, INC.   |
| 2. The principal office address: 1969 5. ALAFMYNT TRAIL, #236  OLUMNO, FL 30808   |
| 3. The mailing address (if different): 54m=   |
| 4. Date of incorporation/qualification: 12/8/2003 Document number: P03000/48 260  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| FLYNN, MARTIN C PRESIDE   |
| 20 N. ORANGE AVE , 1400   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office   |
| (if changed):   |
| 1969 S. ALAMYA TRAIL, #236 3 3  |
| ORIANDU 1 R 32828   |
| 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)  MARTWC Prym, The Process Don't  (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 of Registered Agent) (Date)  |
| If signing on behalf of an entity:  |

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

(Typed or Printed Name)