## 05000017383

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
<b>-</b>	_	<b></b> -
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Canalallantantina	Cilia o Office	
Special Instructions to	Filing Officer:	
•		
<del></del>		

Office Use Only



300059103903

09/07/05--01012--021 \*\*35.00

R.A. Chang

C. Coulliste SEP 1 2 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CRACKER HOUSE SALOON, INC. (Name of corporation)
DOCUMENT NUMBER: P05000017383
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:
Richard J. Marino I
(Name of contact person)
(Firm/Company)
P.O. Box 700335
(Address)
Saint Cloud, FL 34770 (City/state and zip code)
For further information concerning this matter, please call:
RICHARD MARINO at (407 ) 301-4200 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporations  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

409 E. Gaines Street Tallahassee, FL 32399

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

statement of cha	-	, 607.1508, or 617.1508, Florida Statutes, this seed under the laws of the State of FLORIDA red agent, or both, in the State of Florida.	
1 The name of t	the corporation: CRACKER HOUSE SALC	DON, INC.	
	office address: 2769 IRLO BRONSON M		_
	KISSIMMEE, FL 34744		
3. The mailing a	address (if different): PO BOX 700335		
	SAINT CLOUD, FL	34770	
4. Date of incorp	poration/qualification: 02/02/05	Document number: P05000017383	
	I street address of the current registered age tment of State:	ent and registered office on file with the	
	HARRY M EVERETT		
	4335 BOGGY CREEK ROAD		
	KISSIMMEE, FL 34744	OS S SECR	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered offices	
	RICHARD J MARINO I	——————————————————————————————————————	
	207 FLAGLER COURT  (P.O. Box NOT acceptable)	R# 26	
	SAINT CLOUD, FL 34769		
The street addre		ddress of the business office of its registered agent,	
Such change was authorized by H	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Acc (Signation	ire tran officer or director)	RICHARD J MARINO I, PRESIDENT (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and to comply with the provisions of all statudd I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Xerka (Si	gnature of Registered Agent)	SEPTEMBER 2, 2005 (Date)	
If signing on be	chalf of an entity:		
RICHARD J MA	ARINO I Typed or Printed Name)		

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