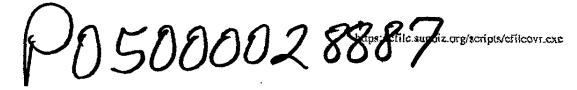
Division of Corporations



Florida Department of State

Division of Corporations Public Access System

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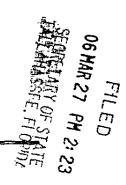
Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (305)672-0686 Fax Number : (305)672-9110



REGISTERED AGENT CHANGE

SMOKEY BONES, JOHNSON CITY, INC.

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Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida $\mathfrak t$ inge is submitted for a corporation organized under the laws of the State of $_$	Florida	:	
in orde	r to change its registered office or registered agent, or both, in the State of F	Torida.		
1. The name of t	he corporation: Smokey Bones, Johnson City, Inc.			
2. The principal	office address: 5900 Lake Ellenor Drive, Orlando, FL 32809			
	*	76	9	
3. The mailing a	ddress (if different): 5900 Lake Ellenor Drive, Orlando, FL 32859		菱	-E]
4. Date of incom	poration/qualification: 2/24/05 Document number: P05000	028887	27 6	一一
5. The name and	street address of the current registered agent and registered office on file witment of State:	• 📆	H 2: 2	U
	Corporation Service Company	<u>≂</u>	23	
	1201 Hays Street	_		
	Tallahassee, FL 32301	.		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off	ice		
	Corporate Creations Network Inc.	_		
	11380 Prosperity Farms Road, Suite 221E	_		
	Palm Beach Gardens, FL 33410	-		
The street addre	ss of its registered office and the street address of the business office of it be identical.	s registered	agent,	ı
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	officer so		
(Signatu	torace G. Daws n. (Printed or typed name and to	, Seen	d a	7
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registere, ng filed merely to reflect a change in the registered office address, I herel been notified in writing of this change.	plete perfoi d agent. Or y confirm ti	mance if this rat the	5 9
	Should 3/27/C	00		
If signing on bei	nalf of an entity:			
D.Stoy	tt, Assistant Scartary			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)