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



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SECRETARY OF STATE TALLAHASSEE, FLORID

APPROVED AND FILED

C. Couttiette SEP 0 7 2007.

COVER LETTER

| Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: St. Larry's Restriction of Corporate | ion) | | |
| DOCUMENT NUMBER: PO 50000 | 76278 | | |
| The enclosed Statement of Change of Registered Office/Agent | t and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the | following: | | |
| • | | | |
| Phillip G Ches | : <a)< td=""></a)<> | | |
| Phillip G. Ches (Name of Contact Pe | erson) | | |
| | | | |
| PIM Financial (Firm/Company) | - Companies | | |
| (Firm/Company | ·) | | |
| | | | |
| P.o.Box 860 (Address) | | | |
| (Address) | | | |
| | | | |
| Palm Harbor, F | L 34682 | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | • | | |
| Phillip & Observe | 717 772-7800 | | |
| Phillip G. Chesson at (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | |
| | | | |
| Enclosed is a \$35.00 check made payable to the Department of | of State. | | |
| | | | |
| <u>Mailing Address:</u> Amendment Section | Street Address: Amendment Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | Clifton Building | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

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: St Larry's Restawant, Inc. | |
| 2. The principal office address: 3605 Alt 19N. Palm Harboc FL 34683 | |
| 3. The mailing address (if different): P. D. Box 860 Palm Harbor, FL 34682 | _ |
| 4. Date of incorporation/qualification: 5/35/05 Document number: Poso0007627 | 2 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| Paul J. Klimczak Es 3 | |
| 3605 A 1+ 19N. | |
| Palm Harbor, FC 34683 | - י |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | , |
| AIM FINANCIAL COMPANIES FUC. | |
| 3605 AIT 19N. | |
| (P.O. Box NOT acceptable) | |
| Palm Harbon, FL 34683 | |
| 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. | |
| Strong M. Klimant, VAns. (Signature of an officer or director) STracey M. Klimant, VAns. | |
| 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) 8/30/07 (Date) | |
| If signing on behalf of an entity: | |
| Phillip G. Chesson (Typed or Printed Name) | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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