## To 5000167822

(Re	questor's Name	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		,





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08/25/06--01013--008 \*\*35.00

Robert



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## COVER LETTER

TO: Amendment Division of C	Section Corporations	
SUBJECT: Cedar	River Seafood Franchise, Ir (Name of Co	nc.
DOCUMENT NUM	BER:_ P05000167822	<u>-</u>
		Agent and fee are submitted for filing.
	espondence concerning this matter t	•
e rouse rough and con-	spondones concoming the matter	o die following.
G	. Alan Howard, Esq.	
<del></del>	(Name of Cont	act Person)
Mi	lam Howard Nicandri Dees & (Firm/Con	Gillam, P.A.
	V	1. 27
14	East Bay Street	
	(Addre	ss)
la.a	land the FL 20000	
Jac	ksonville, FL 32202 (City/State and	Zip Code)
For further information	on concerning this matter, please ca	• ,
	,,	
G. Alan Howard (Name	e of Contact Person)	at (904) 357-3660 (Area Code & Daytime Telephone Number)
<b>(</b>	, ,	(
Enclosed is a \$35.00	check made payable to the Departm	ent of State.
	Mailing Address: 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

TO:

## 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 Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Cedar River Seafood Franchise, Inc.
2. The principal	office address: 2105 Park Avenue #5, Orange Park, FL 32073
3. The mailing a	ddress (if different): 2105 Park Avenue #5, Orange Park, FL 32073
4. Date of incorp	oration/qualification: 12/28/05 Document number: P05000167822
	street address of the current registered agent and registered office on file with the tment of State:
	Milam Howard Nicandri Dees & Gillam, P.A.
	50 N. Laura Street, Suite 2900
	Jacksonville, FL 32202
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Milam Howard Nicandri Dees & Gillam, P.A.  14 East Bay Street
	(P.O. Box NOT acceptable)  Jacksonville, FL 32202
	ss of its registered office and the street address of the business office of its registered agent, be identical.
authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
To signatu	re of an officer or director)  (Printed or typed name and title)
I hereby accept I further agree to of my duties, an docuntent is bel 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 complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this or filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
white (Sig	mature of Registered Agent) (Date)
6 ALA	half of an entity:  How Alexage of Printed Name)

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