P06000138678

(Requestor's Name)			
Post Office Box 5512 Sun City Center, Florida 33571			
(City/State/Zip/Phone #)			
PICK-UP		MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
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01/18/08--01016--029 **105.00

SECRETARY OF STATE TALLAHASSEE, FLORID,

APPROVED

R.A. Charge

1AN 2 3 2008

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

statement of cha	provisions of section \$07.0502, 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 r to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: M and O Restaurant,Inc.		
2. The principal	office address: 3074 State Road 674, Ruskin, Fl.33570		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/01/2006 Document number: P0600013868		
	I street address of the current registered agent and registered office on file with the trment of State:		
	Wilburn Matthews		
	3074 State Road 674, Ruskin, fl.33570		
6. The name and (if changed):		SECRETARY OF S	08 JAN 18 PH 12
	(P.O. Box NOT acceptable)	AND	2: 05
The street addre	ss of its registered office and the street address of the business office of its registered be identical.	agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so lie board, or the corporation has been notified in writing of the change.		
Son Signatur	re of an officer or director) OSOHD PARNETT (Printed or typed name and title)		
I hereby accept I further agree to of my duties, and document is beir 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 perfor d I am familiar with and accept the obligation of my position as registered agent. Or, ng filed merely to reflect a change in the registered office address, I hereby confirm th been notified in writing of this change.	mance if this at the	? T
Okarold (Sign	Barreid 1/8/08 nature of Registered Agent) (Date)		
	half of an entity:		
(Т:	yped or Printed Name)		

* * * 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)

APPROV