

P06000142765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

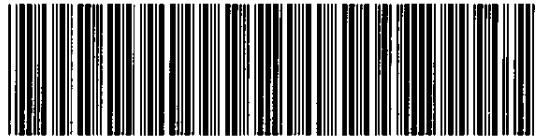
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FEB 25 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JENNY RESTAURANT NO2 CORP
Name of Corporation

DOCUMENT NUMBER: P06000142765

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:

PATRICIA S DUBON
Name of Contact Person

JENNY RESTAURANT NO2 CORP
Firm/Company

1279 NW 29 ST
Address

MIAMI, FLORIDA 33142
City/State and Zip Code

JENNY RESTAURANT NO.2 CORP
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA S DUBON at (786) 306-6950
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2010

PATRICIA S DUBON
JENNY RESTAURANT NO 2 CORP
1279 NW 29 ST
MIAMI, FL 33142

SUBJECT: JENNY RESTAURANT NO 2 CORP
Ref. Number: P06000142765

We have received your document for JENNY RESTAURANT NO 2 CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 410A00003299

**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: JENNY RESTAURANT NO 2 CORP
2. The principal office address: 1279 NW 29 ST
MIAMI, FLORIDA 33142
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 205877798 Document number: P06000142765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
PATRICIA S. DUBON
1281 NW 29 ST
MIAMI, FLORIDA 33142

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LILIAM SANCHEZ

1320 NW 28 ST

P.O. Box NOT acceptable

MIAMI, FLORIDA 33142

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.

Liliam Sanchez
Signature of an officer or director

LILIAM Sanchez 2/16/10
Printed or typed name and title

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.

Liliam Sanchez
Signature of Registered Agent

LILIAM Sanchez 2/16/10
Date

If signing on behalf of an entity:

Typed 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

CR26045 (8/05)

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