

07000000377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

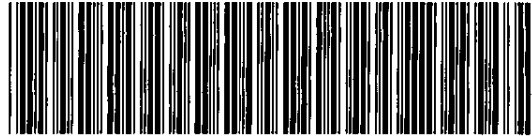
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07 SEP 28 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re's
9/28/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enzo's Italian Restaurant, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000003777

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:

Joseph M. Scheyd, Jr.

(Name of Contact Person)

Joseph M. Scheyd, Jr., P.A.

(Firm/Company)

979 Highway 98 East, Unit B-1

(Address)

Destin, Florida 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph M. Scheyd, Jr.

(Name of Contact Person)

at (850) 837-1171

(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

October 5, 2007

JOSEPH M. SCHEYD, JR.
JOSEPH M. SCHEYD, JR., P.A.
979 HWY 98 EAST, UNIT B-1
DESTIN, FL 32541

SUBJECT: ENZO'S ITALIAN RESTAURANT, INC.
Ref. Number: P07000003777

We have received your document for ENZO'S ITALIAN RESTAURANT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and return for filing.

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) 245-6957.

Pamela Smith
Regulatory Specialist II

Letter Number: 207A00058285

ATT: TINA

RECEIVED
2008 FEB 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Enzo's Italian Restaurant, Inc.
2. The principal office address: 115 Duffy Lane
Santa Rosa Beach, Florida 32459
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/9/07 Document number: P07000003777

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Thomas Ford

115 Duffy Lane

Santa Rosa Beach, Florida 32459

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

Denise Harrigan

115 Duffy Lane

(P.O. Box NOT acceptable)

Santa Rosa Beach, Florida 32459

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.

X [Signature]
(Signature of an officer or director)

Daniel Harrigan, Secretary

(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.

X [Signature]
(Signature of Registered Agent)

X 10-14-07
(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

CR2E045 (8/05)

FILED
2007 SEP 28 AM 11:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS