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SECRETARY OF STATE
VALLAHASSEE. FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MELISS A'S SUBS & GRICL INC
(Name of Corporation)

DOCUMENT NUMBER: PO 7000007223

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:

MELISTA'S SUBS & ENILL INC
(Firm/Company)

16 WHITE HUNST LANE
(Address)

PACM COAST FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO FICIPE at (38C) 44C 8843

(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

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MELISSA'S SUBS & GRICL INC
2. The principal office address: 16 WHITE HUNST LN
PACM LOAST FC 32164
3. The mailing address (if different):
4. Date of incorporation/qualification: 01-16-07 Document number: P0700000 7223
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ILDA M FILIPE DUS
TLOA M FILIPE ASSOCIATION TO THE PALM LUAST FC 32/64 STR N
PALM LUAST EC 32/64 ST N
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ANTONIO FILIPE DE OF
(P.O. Box NOT acceptable)
PALM COAST, FL 32164
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.
(Signature of an officer or prector) TLDA FILIPE PRESIDENT (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.
Antoni Fill (Signature of Registered Ment)
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)