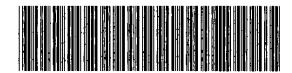
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| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| . (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|---|--|
| ? | | |
| SUBJECT: Chez Amigo, Inc. | | |
| (Name of Corporation) | | |
| B0700012304 | | |
| DOCUMENT NUMBER: P07000012204 | | |
| 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: | | |
| • | | |
| Daniel Bellows (Name of Contact Person) | | |
| (Name of Contact Person) | | |
| Olean Andrea Inc | | |
| Chez Amigo, Inc (Firm/Company) | | |
| (| • | |
| P.O. Box 350 | | |
| (Address) | | |
| | | |
| Winter Park FL 32790-0350 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Daniel Bellows | 407 \ 644-3151 | |
| (Name of Contact Person) | 407 644-3151 Area Code & Daytime Telephone Number) | |
| | | |
| Enclosed is a \$35.00 check made payable to the Department 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 | |
| P.O. Box 6327 | Amendment Section Division of Corporations Clifton Building | |
| , | 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 of Florida in order to change its registered office or registered agent, or both, in the State of Florida. | |
|---|--|
| 1. The pame of the corporation: Chez Amigo, Inc. | |
| The principal office address: 533 West New England Avenue Suite A Winter Park FL 32789 | |
| 3. The mailing address (if different): 2349 Lafayette Avenue, Winter Park, FL 32789 | |
| 4. Date of incorporation/qualification: 1/26/2007 Document number: P07000012204 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| Laura Moa | |
| 533 West New England Avenue Suite C | |
| Winter Park FL 32789 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| Vincent Gagliano | |
| 2349 Lafayette Avenue | |
| (P.O. Box NOT acceptable) | |
| Winter Park, FL 32789 | |
| 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 comporation has been notified in writing of the change. | |
| Vincent Gagliano 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 togreflect a change in the registered office address, I hereby confirm that the consortion has been notified in writing of this change. | |
| Vincent gention 6/12/08 (Signature of Relistered Agent) | |
| If signing on behalf of an entity | |
| Chez Amigo, Inc (Typed or Printed Name) | |
| * * * FILING FEE: \$35.00 * * * | |