Division of Corporations **Public Access System** 

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To:

Division of Corporations

Fax Number : (850)617-6380

LUOAccount Name Phone Fax Number

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 : (770)777-2091

: (770)220-1943

REGISTERED AGENT CHANGE

JWSP TEXAS RESTAURANTS, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statu nized under the laws of the State of Florid tered agent, or both, in the State of Florid	9		
JWSP Texas Restaurants, Inc.					
2. The principal	office address; 4850 Donald Ross Road	l, Suite 200, Palm Beach Gardens, FL 33	418		_
3. The mailing a					<u>.</u>
4. Date of incorp	poration/qualification: 03/09/2007	Document number: P0700003	1032		
5. The name and		agent and registered office on file with the			
•	ALVAREZ & MARSAL TAXANI	D, LLC			
TWO ALHAMBRA PLAZA 1101			08 MAY	_	
•	CORAL GABLES FL 33134 US		AHA!	AY -	93
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		RY OF	-6 PM	anti: man	
	NRAI Services, Inc.		STATE	÷: 0	ŧ
•	2731 Executive Park Drive	, Suite 4	当品	08	
	(P.O. Box NOT acceptable Weston, FL 33331	) 			
The street addre	ess of its registered office and the street be identical.	address of the business office of its reg	gistered ag	ent.	
•		d by its board of directors or by an offic otified in writing of the change.	cer so		
John W.S. Preston, President					
. 10.0	are of an officer of threefor)	(Printed or typed name and titla)			
I hereby actept I further agree of my duties, an document is bei corporation has	the appointment as registered agent at to comply with the provisions of all sta and I amiliar with and accept the ob- ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity, tuies relative to the proper and complet ligation of my position as registered ago ne registered office address, I hereby co	e perform ent. Or, if infirm that	ance this the	
Trul	gnature of Registered Agent)	5/5/200 (Date)			
If signing on be	chalf of an entity:	,			
	lik, Assistant Secretary				
r)	Typed or Printed Name)  * * * FILING FI	£E: \$35.00 * * *			
М	MAKE CHECKS PAYABLE TO FL		4		

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