FILED Apr 14, 2008 8:00 am Secretary of State

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04-14-2008 90072 031 ***150.00 DOCUMENT # P07000072481 TWO CHEFS FROM ITALY, INC. 20000100 Principal Place of Business Mailing Address 3230 LITTLE ROAD 3230 LITTLE ROAD TRINITY, FL 34655 TRINITY, FL 34655 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIABATTI, RICCARDO Street Address (P.O. Box Number is Not Acceptable) 3230 LITTLE ROAD TRINITY, FL 34655 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Addition Change CIABATTI, RICCARDO NAME NAME STREET ADDRESS 3230 LITTLE ROAD STREET ADDRESS CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change ☐ Addition MARTUCCI, ANTONIO NAME NAME 3230 LITTLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRINITY, FL 34655 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-78P CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a raddress with all other like emplowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR