P0100005288

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· · · · · · · · · · · · · · · · · · ·	usiness Entity Nam	ne)
(30	Joiness Entity Hair	,
(D0	ocument Number)	
		•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400132438824

07/14/08--01041--016 **70.00

08 JUL 14 PH 2: 34

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

RARDICH 8 Malulo 8

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: The Braemar Pub, Inc. (Name of Corporation	n)		
DOCUMENT NUMBER: P070000 75 288			
The enclosed Statement of Change of Registered Office/Agent and	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the fol			
BRIAN Beasay (Name of Contact Person	•		
Wilkins Frohlich P.A. (Firm/Company)			
18501 Murdock Cincle 6th floor			
PORT Charlotte 7L 33948 (City/State and Zip Code)			
For further information concerning this matter, please call:			
BRIAN Beason at (9) (Name of Contact Person)	rea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of S	tate.		
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

statement of change is submitted for a corporation organ. in order to change its registered office or register.	ized under the laws of the State of <u>Flox da</u>
1. The name of the corporation: The Braem A	In Pub, INC.
2. The principal office address: 2440 mc Call	Road
2. The principal office address: 2440 McCall Englewood 7	1 34224
3. The mailing address (if different):	•
4. Date of incorporation/qualification: 6/28/07	Document number: PO 70000 7528 8
5. The name and street address of the current registered as Florida Department of State:	gent and registered office on file with the
ARlene Williams	
2440 mc Call Ro	
Englewood 71 34	1224
6. The name and street address of the new registered agen (if changed):	08 ASECT
BRIAN Beason, Wilking 18501 Murdock Cuc (P.O. BOX NOT acceptable)	JSPROHILLS, P. H.
• • •	PR STA
Port Charlotte 72	33948
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	l by its board of directors or by an officer so tified in writing of the change.
(Signature of an officer or director)	Robert Oloder Director (Printed or typed name and title)
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oble document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
Signature of Registered Agent)	O7]10/08
If signing on behalf of an entity:	
Wilkins Frohlich, P.A. (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *