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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RED BLISS RESTAURANTS INC (Name of Corpora	tion)					
DOCUMENT NUMBER: P08000098268	<u>.</u>					
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.					
Please return all correspondence concerning this matter to the	following:					
WEHBEH, HUS	SSAM A					
(Name of Contact P	'erson)					
COMPANY (Firm/Company)						
(Firm/Compan	y)					
3412 SPRINGFI (Address)	ELD DR					
(Address)						
HOLIDAY FL 34691 US (City/State and Zip Code)						
For further information concerning this matter, please call:	,					
To tartie information concerning this matter, prease can.						
ALEX WEHBEH at ((Name of Contact Person)	727) 7429865 (Area Code & Daytime Telephone Number)					
(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	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections on the sections of sections of the section of th	corporation organized	l under the laws of the	e State of <u>Fl</u>	ORID		
in orde	er to change its register	red office or registered	l agent, or both, in the	State of Flo	orida.		
1. The name of	the corporation: RED	BLISS RESTAU	RANTS INC				
2. The principal	office address:	3412 SPRI	NGFIELD DR HO	LIDAY FL	34691	<u>US</u>	
3. The mailing a	address (if different): 5	824 SR 54 NPR F	FL 34652(CHANG	SED)	<u>.</u>		
4. Date of incor	poration/qualification:	11/03/2008	Document number:	P080000	98268	· · · · · · · · · · · · · · · · · · ·	
	d street address of the criment of State: (If resign		t and registered office	on file with	the		
	WE	HBEH, HUSSAM	A (RESIGNED)				
		3412 SPRINGE	FIELD DR				
		HOLIDAY FL 3	34691 US		5 10	0	
6. The name and (if changed):	d street address of the r	new registered agent (i	f changed) and /or reg	sistered offic	ECRETAR'	09 FEB 23	FIL
		R FL 34652(CHAN O. Box NOT acceptable)	GED)		OF STATE	附 亿 22	
The street address changed will	ess of its registered of be identical.	fice and the street add	dress of the business	office of its	registere	ed age	nt,
Such change w authorized by t	as authorized by resol he board, or the corpo	ution duly adopted by ration has been notifi	y its board of director ed in writing of the c	rs or by an o hange.	officer so)	
(Signat	ure of an officer or director)		Hussam Wehbe	eh A resig		<u>ficer</u>	_
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as re to comply with the pro id I am familiar with a ing filed merely to refi s been notified in writ	egistered agent and a ovisions of all statute. and accept the obliga lect a change in the re ing of this change.	gree to act in this cap s relative to the prop tion of my position as egistered office addre	pacity. er and comp s registered ess, I hereby	olete per agent. (confirm	forma Or, if i that	nce this the
Jeen (Si	gnature of Registered Agent)			17/2009 Date)			_
	chaif of an entity:		(-	,			
	Typed or Printed Name)						

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