

P09000056497

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

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Account Name : BUSINESS FILINGS
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Email Address: lighthouseininer@me.com

**REGISTERED AGENT CHANGE
LD RESTAURANT INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

PA Change

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

Pursuant to the provisions of sections 607.0502, 607.0503, 607.1508, or 607.1509, 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 name of the corporation: LD Restaurant Inc.
2. The principal office address: 1510 North US Hwy 1, Jupiter, Florida 33469
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/30/2009 Document number: P09000056497
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State. (If resigned, enter resigned)

Jack Taffer
350 NW Lejeune Rd, Suite 310
Miami, FL 33412

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Business Filings Incorporated
515 E. Park Avenue
P.O. Box 207 acceptable
Tallahassee, Florida 32301

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 corporation has been notified in writing of the change.

[Signature] Richard Perez, President
 Signature of an officer or director 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 to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 19th day of November, 2013
 Signature of Registered Agent Date

If signing on behalf of an entity:

Mark Williams, AVP
 Typed or Printed Name

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

MAIL CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 (904)45-0912

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