

P/00000049076

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 22 2012

T. ROBERTS

727-956-1252

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Krave Restaurant Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000049076

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linster E. Brinkley, Jr.

Name of Contact Person

The Law Offices of Linster E. Brinkley, Jr. P.A.

Firm/Company

111 Second Avenue, N.E., Suite 900

Address

St. Petersburg, FL 33701

City/State and Zip Code

lin@brinklegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linster Brinkley

Name of Contact Person

at ( 727 ) 322-9400

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, 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: Krave Restaurant Group, Inc.
2. The principal office address: 4705 Gulf Blvd. St. Pete Beach, FL 33706
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/10/10 Document number: P10000049076
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)

RESIGNED

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

Linster E. Brinkley, Jr., P.A.

111 Second Avenue, N.E., Suite 900

P.O. Box NOT acceptable

St. Petersburg, FL 33701

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]  
Signature of an officer or director

Stephen L. Bell  
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]  
Signature of Registered Agent

5/15/2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

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MAY 11 PM 4:04  
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TALLAHASSEE, FLORIDA