8506176380(1/3) To:

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(((H16000092011 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: ** >

Email Address:

REGISTERED AGENT CHANGE LANDRY'S SEAFOOD HOUSE - FLORIDA, INC.

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TO:

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT:
	Name of Corporation
DOC	UMENT NUMBER:
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	Name of Contact Person
	Firm/Company
	Firm/Company
	Address
	Address
	City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report nonfication)
For fi	urther information concerning this matter, please call:
1 01 10	and mornation concerning and matter, prease can.
	Name of Contact Person at () Name of Contact Person Area Code & Daytime Telephone Number
	Name of Condition 1 of the Paytime Pelephone Name
Enclo	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)



4/13/2016 12:44:31 PM From: To: 8506176380(3/3)

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

-	provisions of sections 607.0 inge is submitted for a corpo			•		his	
in orde	r to change its registered of	Jice or register	ed agent, or both, in th	ne State of Flo	orida.		
	the corporation: LANDRY'S						
	office address:LOOP SOUTH SUITE 1010						
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification: 3/9/1	994	Document number	r: <u>P94000018</u>	348		
	d street address of the curren rument of State: (If resigned,			e on file with	ı the		
	NRAI SERVICES, INC						
	1200 South Pine Island Road Plantation, FL 33324						
6 The name and	d street address of the new re	enistered agent	(if changed) and for re		a p		
(if changed):	C T Corporation System	ogisiored agent	(ii changed) and/or re		3016	100 E	
	c/o C T Corporation System,	, 1200 South Pin	e Island Road	ANNA	APR 13	Jan.	
	Plantation, Florida 33324	P.O. Box NOT a	cceptable	- []	ס 		
The street addre	ess of its registered office as be identical.	and the street ac	ddress of the business	office of its 1	ister Gister	ed agent,	
Such change wa authorized by th	as authorized by resolution ne board, or the corporation						
	lever Notar		Melissa Nolan Vice Pre				
I hereby accept I further agree of performance of agent. Or. if the	the appointment as register to comply with the provisio my duties, and I am familic is document is being filed n that the corporation has be	ons of all statut ar with and acc nerely to reflec	agree to act in this cap es relative to the prop cept the obligation of t t a change in the regi	er and compl my position a stered office	lete 1s regis: addres:	tered s, I	
By: C Toon	poration System		03/28/2016	ate			
Angei Assistar	half of an entity: i Shearer it Secretary yped or Printed Name		2.				

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