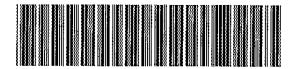
## P95000015/10

A1 RESTAURANT RPB INC. 1232 Royal Palm Beach Blvd #24 Royal Palm Beach FL. 33411
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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, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of $\pm LORDA$ submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: A-I ROYAL THAI, INC.
2. The mailing address of the corporation: 1232 ROYAL PALM BEACH BLUD
ROYAL PALM BEACH, FL 33411
3. Date of incorporation/qualification: 2/23/1995 Document number: P95000015116
4. The name and address of the current registered agent and registered office:
Suncha: Lancuman
SURCHAI LAUSUWANI
1232 KOVAI PAIM DEACH BIND
ROVAL PAIN BEACH, FL 33411 E.
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)
CHOOM PORN VORAKRAJANGTHITI
1232 ROYAL PALM BEACH BLUD TO TO
ROYAL PALM BEACH FL 33411
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.
(Signature of an officer, chairman of the board) (Date)
CHOOMPORN VORAKRAJANGTHITI (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.  I firther agree to comply with the provisions of all statutes relative to the proper and complete.
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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
CHOOMPORN VORAKRAJANGTHITI (Typed or Printed Name) (Capacity)
(-) pos or riminary (Capacity)

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