P95000074840

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJEC	CT: DAVE & BUSTER'S OF FLORIDA, INC.			
	(Name of corporation)			
DOCUM	MENT NUMBER: P95000074840			
The encl	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please re	eturn all correspondence concerning this matter to the following:			
	,			
	Myra Simmons			
(Name of person)				
CAPITOL CORPORATE SERVICES, INC.				
(Name of firm/company)				
P.O. BOX 1831				
	(Address)			
	AUSTIN, TX 78767			
(City/state and zip code)				
For furth	er information concerning this matter, please call:			
Myra Si	mmons at (800) 345-4647			
	(Name of person) at (800) 345-4647 (Area code & daytime telephone number)			
Enclosed	is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Street Address: Amendment Section Amendment Section			
	Division of Corporations Division of Corporations			
	P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399			

$\mbox{\ \ ^{\sim}}$ ' statement of change of registered office or registered agent or both for corporations

Pursuant to the	provisions of sections 607.0502, 617.050	2, 607.1508, or 617.1508, Florida Statutes, this	statement of
change is subm	itted for a corporation organized under th	he laws of the State of Florida	in order
to change its re	gistered offic <mark>e or regis</mark> tered agent, or bot	h, in the State of Florida.	
1. The name of	the corporation: DAVE & BUSTER'S O	F FLORIDA, INC.	
2. The principal	office address: 3000 OAKWOOD BLVD	D, HOLLYWOOD, FL 33020	
<u> </u>			
3. The mailing	address (if different): C/O LEGAL DEPT	. 2481 MANANA DRIVE, DALLAS, TX 75220	
4. Date of incom	rporation/qualification: 9/28/1995	Document number: P95000074840	
	d street address of the current registered a artment of State:	gent and registered office on file with the	_
	Corporation Service Company		PIN SE
	1201 Hays Street		要要
	Tallahassee, FL 32301		723
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	DIVISION OF CONFORMATIONS 2005 MAY 23 PM 3: 1:
	Capitol Corporate Services, Inc.		55 E5
	1333 North Duval St.		
	(P.O. Box or personal	mailbox NOT acceptable)	
	Tallahassee, FL 32303		
The street add changed will b	ress of its registered office and the street the identical.	address of the business office of its registered	agent, as
Such change withe board, or the	vas authorized by resolution duly adopte ne corporation has been notified in writi	d by its board of directors or by an officer so a ng of the change.	uthorized by
_///	(Signature of an otpeer or director)	Vice President (Printed or typed name and title)	
I hereby accep I further agree duties, and I a heing filed me	at the appointment appearstance agent as	,	rmance of my is document is oration has
10el	anie Case	5-17-05	
	(Signature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
	Delanie Case	Asst. Sec.	
	(Typed or Printed Name)	(Capacity)	

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