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DOCUMENT # 980000 32 42-6 1. Entity Name			APPROVED AND FILED		
DE T'S Resta	umot In	C	(18)		
P&T'S Restaurant, Inc			00 APR 28 PM 3: 40		
Principal Place of Business	Mailing Address		SECRETARY OF	STATE	
			TALLAHASSEE, F	FLORIDA	
			4		
Principal Place of Business	3. Mailing Address		_		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE	
City & State	City & State		4_5EVNumber 2 5 > 00	Ap	plied For
Zin > / Country	Zip	Country	54-0088		t Applicable
52344		Country	5. Certificate of Status Desired	Fee Require	
6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Regist	ered Agent	
Robinson Patricia Rt 7 Box 895 Tallahasseg FC	u n	Street Addres	ss (P.O. Box Number is Not Acceptable)		
K+7 BOX BIS	2229				
Tallahasseg to:	3/300	City		FL Zip Code	e
. The above named entity submits this statement	t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida.		
The above named entity submits this statement	t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida.		•
3. The above named entity submits this statement SIGNATURE Signature, typed or printed name of registered age	t for the purpose of changing it	s registered office or regis	<u> </u>	DATE	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR