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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Shula's Steak Houses, L.P. |
|--|
| (Name of corporation) |
| DOCUMENT NUMBER: B98000000495 |
| 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: |
| David Younts |
| (Name of person) |
| Shula's Steak Houses, L.P. |
| (Name of firm/company) |
| 6843 Main Street |
| (Address) |
| Miami Lakes, FL 33014 |
| (City/state and zip code) |
| For further information concerning this matter, please call: |
| Roxana Foberg, Controller at (305) 817-4173 (Name of person) (Area code & daytime telephone number) |
| (Name of person) (Area code & daytime telephone number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

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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, | | |
|---|---|--|--|
| - | f 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. | d | | |
| | the corporation: Shula GP, Inc. | | |
| 2. The principal | office address: 6843 Main Street, Miami Lakes, FL 33014 | | |
| | O _k | | |
| 3. The mailing | address (if different): same as above | | |
| | | | |
| 4. Date of incor | poration/qualification: 6/10/1998 Document number: P98000052010 | | |
| | d street address of the current registered agent and registered office on file with the riment of State: | | |
| | Corporation Service Company | | |
| | 1201 Hays Street | | |
| | Tallahassee, FL 32301-2525 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (| | | |
| changed): | Patrick C.Barthet Law Offices | | |
| , | 200 South Biscayne Boulevard, Suite 1800 | | |
| | (P.O. Box or personal mailbox NOT acceptable) | | |
| | Miami, FL 33131 | | |
| The street addreagent, as chang | ess of its registered office and the street address of the business office of its registered ed will be identical. | | |
| Such change w | as authorized by resolution duly adopted by its board of directors or by an officer so the doard or the corporation has been notified in writing of the change. | | |
| ・ハング | David Younts, Chairman and Partner | | |
| 4.1 | the appointment as registered agent and agree to act in this capacity. | | |
| I further agree performance of registered agen office address, | to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as it. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. | | |
| | ignature of Registered Agent) [Parts] [Parts] | | |
| If signing on behalf | (| | |
| Patrick | | | |
| | Typed or Printed Name) (Canacity) | | |

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