P9800052103

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TRANSMITTAL LETTER

Shula LP, Inc. SUBJECT:_ (Name of corporation) DOCUMENT NUMBER: P98000052103 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: Roxana Foberg (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 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section
Division of Corporations Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

Division of Corporations

TO:

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

	f change is submitted for a c	0502, 617.0502, 607.1508, or 617. corporation organized under the laws registered office or registered age	of the State of
of Florida. 1. The name of	the corporation: Shula LP, I		70 0
2. The principa	l office address: 6843 Main	Street, Miami Lakes, FL 33014	100 mm - 2
3. The mailing	address (if different): same	as above	F. G. F.
4. Date of incor	poration/qualification: 6	Document number	er:P98000052103
	d street address of the currer extrement of State: Corporation Service Compa	nt registered agent and registered officency	ce on file with the
	1201 Hays Street		
	Tallahassee, FL 32301-252	25	
6. The name a changed):	nd street address of the nev Patrick C. Barthet Law Office	w registered agent (if changed) and	/or registered office (if
	200 South Biscayne Bouleva (P.O. Box or Miami, FL 33131	ard, Suite 1800 personal mailbox NOT acceptable)	
Such change wanthorized by	vas authorized by resolution the board, or the corporation	nd the street address of the business duly adopted by its board of director has been notified in writing of the control of the	rs or by an officer so change. d Founder
I hereby accep I further agree performance o registered age office address,	to comply with the provision of my duties, and I am familint. Or, if this document is be I hereby confirm that the confirmation of Registered Agent)	(Printed or typed name as eved agent and agree to act in this cannot be a supported by the property of all statutes relative to the property with and accept the obligation of the property to reflect a change or poration has been notified in writing the control of the property to reflect a change or poration has been notified in writing the property of the property	pacity per and complete my position as in the registered
PATRI	ck c. BARTHET	Presipont	
	(Typed or Printed Name)	(Capacity)	

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