Requester's Name Address Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time ___ Certified Copy Walk in ☐ Photocopy ☐ Will wait Certificate of Status ☐ Mail out **NEW FILINGS** AMENDMENTS ■ Amendment ■ Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report □ Foreign Fictitious Name Limited Partnership Reinstatement Trademark

Other

Examiner's Initials

CR2E031(7/97)

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 Florida
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: AJD Restaurants Inc.
2. The mailing address of the corporation: 2189 F. Semoran Blvd.
HPOPKA, Fl. 32'103
3. Date of incorporation/qualification: 8-16-99 Document number: P99000746
4. The name and address of the current registered agent and office:
Lester F Segal
400 N Dable V. Da
TOO N. HONEY IV.
- Iampa F1. 33602
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
A clusions I Del con als
ACTION O DEIGLOO TO TO
1428-6 OAK PLYCE ST 5
Apopla FU 32712
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 data adapt 11
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
1\1/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Signature of an officer, chairman of vice chairman of the board)
(Date)
(Printed or typod 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
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my fluties, and I am familiar with and accept the obligation of my position as
=1 1 1/ 11 // 1
15d 1 Vraside 1 6-25-02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Adrica S. De gado Paside.
(Typed or Printed Name) (Capacity)
(Capatry)

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