

STATEMENT OF CHANGE OF REGISTERED AGENT, REGISTERED OFFICE, OR BOTH

(See reverse for instructions)

2016 FEB 11 - AM 9: 42

SECRETARY OF STATE STATE OF IDAHO

	File #: W99066
The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.	
1.	The name of the entity is: Chef Shanes Well Seasoned Catering LLC
2.	The name and street address of the <u>old</u> registered agent and office is:
	Infanger Insurance Inc. 329 S. Woodruff Ave
	Idaho Falls ID 83901
3.	The name and street address of the <u>new</u> registered agent and office in Idaho is: Mered+h L Ellis 975 Hemlock Street (not a PO box or PMB) Idaho Falls, IO 83401
	Consent to serve as registered agent for the above-named entity. (Signature of new registered agent) 3 - (-) (
	(Date) 2-1-16
	Signature: Show O'Dell. Printed: Managing Member
	NO SEE DEGLIDED

NO FEE REQUIRED