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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE BOSTON CULINARY GROUP, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	rporation organi:	, 607.1508, or 617.1508, Fl sed under the laws of the Sta red agent, or both, in the Sta	ate of	
I. The name of	the corporation: Boston C	ulinary Group, Inc	•	•	
2. The principa	office address; 25 WEST	MAIN STREET	MADISON, WI 53703		
3. The mailing	address (if different):				_
4. Date of incor	poration/qualification:	6/11/1982	Document number:	853122	
	d street address of the curr riment of State: (If resigna		ant and registered office on t	file with the	
	CORPORATE SERVICE	COMPANY			
	1201 HAYS STREET TA	llahassee fl	32301		<u>.</u>
6. The name and (if changed);	d street address of the new	registered agent	(if changed) and /or register	ed office	O PIE
	c/o C T Corporation Syste	m, 1200 South Pir	us Island Road		
		P.O. Box NOT	eceptable		
	Plantation, Florida 33324				
The street addre	ess of its registered office be identical.	end the street ac	ldress of the business offic	e of its registered agent,	
Such change was authorized by the	as authorized by resolution to board, or the corporati	on duly adopted i on has been noti:	y its board of directors or fied in writing of the chang	by an officer so je.	
- <i>n</i>	Standard of director	<u> </u>	La cyan J. Les es		
l hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as regis to comply with the provis d I am familiur with and ng filed merety to reflect been notified th writing	tered agent and ions of all statul accept the obliga a change in the of this change.	agree to act in this capacit es relative to the proper an atlon of my position as reg registered office address, I	y d complete performance istered agent. Or, if this hereby confirm that the	
By: CT	Corporation System			5/13/10	
Sign	natile of Registered April		Date		
- -	half of an entity:				
	earney Asst. Secretar	<u>y</u>			
	· .	* FİLING FEE	: \$35.00 * * *		
M	MAKE CHECKS PA AIL TO: DIVISION OF COR	YABLE TO FLOR PORATIONS, P.O	IDA DEPARTMENT OF STAT . BOX 6327, TALLAHASSEE	TB E, FL 32314	

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