853122

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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FILED

R.A. Charge C.COULLIETTE

JUN 03 2011

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 788875

7828686

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 24, 2011

ORDER TIME : 9:10 AM

ORDER NO. : 788875-008

CUSTOMER NO: 7828686

CHANGE OF AGENT

NAME: BOSTON CULINARY GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation organ	2, 607,1508, or 617,1508, Florida Statutes, this ized under the laws of the State of Wisconsin	
		ered agent, or both, in the State of Florida.	
1. The name of	the corporation: BOSTON CULINAR	Y GROUP, INC.	
2. The principal	l office address: 201 East Broad Street,	Spartanburg, SC 29306	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 06/11/1982	Document number: 853122	
	d street address of the current registered a	gent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324 US		
6. The name and (if changed):	d street address of the new registered agen	it (if changed) and /or registered office	11 JUN-3 PM 12: 30
	Corporation Service Company	ASS.	1-3 6
	1201 Hays Street		¥ 12
	(P.O. Box NOT acceptable)	OR	: <u>:</u>
	Tallahassee, FL 32301		1
The street addras changed will	ess of its registered office and the street l be identical.	address of the business office of its registered agent,	,
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.	
Mari	ture of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I hdreby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent an to comply with the provisions of all state	d agree to act in this capacity. utes relative to the proper and complete performanc igation of my position as registered agent. Or, if thi e registered office address, I hereby confirm that the	e s
By: 5	ignatule of Registered Agent)	05/24/2011	
	•	(Date)	
If signing on be	ehalf of an entity:		
Sylvia Quepp	et, Asst. VP		
(Typed or Printed Name)		

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