

ACCOUNT NO. : 072100000032

REFERENCE :

664873

AUTHORIZATION

COST LIMIT

ORDER DATE: April 17, 2000

ORDER TIME: 11:22 AM

ORDER NO. : 664873-130

700003218637--4

CUSTOMER NO:

7204359

CUSTOMER: Ms. Denell Hamm

Papa John's International, Inc

Suite 175

11492 Blue Grass Parkway Louisville, KY 40299-2334

CHANGE OF AGENT

NAME: PJ FOOD SERVICE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-Tanisha Green

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

Pursuant to the provisions of sections 60 the undersigned corporation organized und			ıtes,
submits the following statement in order to			
the State of Florida.	o change its registe	rea office or registered agent, or both	i, in
1. The name of the corporation is:			
PJ FOOD SERVICE, INC.			
2. The mailing address of the corporation is	s: <u>2002 Pa</u> p	aJohn's Blua.	
	Louisville	KY 40299-2361	
3. Date of incorporation/qualification: Jan	uary 25, 1993	Document number: F93000000594	
4. The name and address of the current reg	istered agent and of	fice:	≥
CT Corporation System		CRE ALL	5
1200 South Pine Island	1200 South Pine Island Road		
Plantation, FL 33324			. m
5. The name and address of the new registe	red agent and office	e: (P. O. Box Not Acceptable)	
Corporation Service Com	pany	4: 34 AII: RIBA	
1201 Hays Street		<u> </u>	
Tallahassee, FL 32301	<u> </u>		
The street address of its registered office a agent, as changed, will be identical.	and the street addre	ess of the business office of its registe	red
Such change was authorized by resolution authorized by the board.	duly adopted by it	s board of directors or by an officer se	0
authorized by the board.		•	
()		4-5.00	
(Signature of an officer, chairman or vice char	irman of the board)	(Date)	
KENNETH M. COX, ASSISTANT SECRETARY (Printed or typed name and t	:1A)		
		forms and for the above that	
Having been named as registered agent and corporation, I hereby accept the appointmen I further agree to comply with the provision performance of my duties, and I am familiar registered agent.	it as registered age s of all statutes rela with and accept th	nt and agree to act in this capacity. tive to the proper and complete e obligation of my position as	
Corporation Service Company			
By: Ollorah 10. Skin ow (Signature of Registered Agent)		4-17-00	
		(Date)	
if signing on behalf of an entity:			
DEBORAH D. SKIPPER (Typed or Printed Name)		Assistant Vice President (Capacity)	a to
	LING FEE: \$35.0	• • • • • • • • • • • • • • • • • • • •	
CR2EO45(7/97) DIVISION OF CORPORATIONS	P. O. Box 6327	TALLAHASSEE, FL 32314	