

# F93000004730

CT CORPORATION SYSTEM

FILED  
02 AUG 13 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

~~1) Spaghetti Warehouse Restaurants of America, Inc.~~

2) Spaghetti Warehouse Restaurants of America, Inc.

RA  
Change

RECEIVED  
02 AUG 13 PM 12:09  
DIVISION OF CORPORATION

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name 8/13/02 8/13/02 Order#: 5533567  
 Availability 8/13/02  
 Document AR  
 Examiner AR Ref#: \_\_\_\_\_  
 Updater AR  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

900007079519--1  
-08/13/02--01063--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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 Delaware 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 : Spaghetti Warehouse Restaurants of America, Inc.

2. The mailing address of the corporation : 12200 Stemmons Freeway, Dallas, Texas 75234

3. Date of incorporation/qualification: 10/20/93 Document number: F93000004730

4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc.  
1201 Hayes St., Suite 105  
Tallahassee, Florida 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
Plantation, Florida 33324

FILED  
02 AUG 13 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

8/8/02  
(Date)

WENDY W. HAGKEMACK  
ASSISTANT SECRETARY  
(Printed or typed 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 capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System  
By: [Signature] 8/9/02  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: Craig Carter  
Assistant Secretary  
(Typed or Printed Name) (Capacity)

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