Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

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 §PAGHETTI WAREHOUSE RESTAURANTS OF AMERICA, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

JUL 25 2017

Registered Agent Solutions, inc.

Phone: 888-705-7274 Fax: 8887077274



To: Florida SOS	From: Margot Mullin		
Fax: 8506176383	Pages: 4		
Re: Change of Registered Agent	Date: July 24, 2017		

Please file this statement of change of registered agent on a routine basis and return evidence when complete. Thank you.

i.

COVER LETTER

TO:	Amendment Section Division of Corporations	
	SPAGHETTI WAREHOUSE RESTAURANTS OF AMERICA, INC.	
SUBJ	ECT: Name of Corporation	
DOCU	JMENT NUMBER: F9300004730	
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
	return all correspondence concerning this matter to the following:	
	MARGOT MULLIN Name of Contact Person	
	Registered Agent Solutions, Inc.	
	Firm/Company	# :
	1701 Directors Blvd, Ste 300	<u>ب</u> ا=:
	Address	
	Austin, TX 78744	21, 5812:10
	City/State and Zip Code	1
	notices@rasi.com	2: 1
	E-mail address: (to be used for future annual report notification)	÷
For fu	rther information concerning this matter, please call:	
MA	Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Num	
	Name of Contact Person Area Code & Daytime Telephone Nur	iber
Enclos	sed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.0502, 607.15 nge is submitted for a corporation organized undo		
siatement of cha in orde	rge is satismitted for a corporation organized under to change its registered office or registered agen	nt, or both, in the State of Florida	7.
1. The name of t	he corporation: SPAGHETTI WAREHOUS	E RESTAURANTS OF A	MERICA, INC.
2. The principal	office address: 1815 N MARKET STREET,	2ND FLOOR DALLAS, T	X 75202
	ddress (if different): 20377 SW ACACIA S	FREET, 2ND FLOOR	
	RT BEACH, CA 92660		700
	•	cument number: F93000004	
5. The name and Florida Depar	street address of the current registered agent and tment of State: (If resigned, enter resigned)	registered office on file with the	
	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RD.		
	PLANTATION, FL 33324		1 59
6. The name and (if changed):	street address of the new registered agent (if char	nged) and /or registered office	(A)
	Registered Agent Solutions, Inc.		72
	155 Office Plaza Dr., Suite A		PN12: 1
,	P.O. Box NOT acceptable Tallahassee, FL 32301		O SKOLL
The street address changed will	ess of its registered office and the street address to be identical.	of the business office of its regis	stered agent,
Such change was authorized by the	is authorized by resolution duly adopted by its be to board, or the corporation has been notified in	oard of directors or by an office writing of the change.	r su
	<u> </u>	G PAK CE	0
I hereby accept I further agree performance of	the appointment as registered agent and agree to comply with the provisions of all statutes relaining duties, and I am familiar with and accept the is documents being filed merely to reflect a chain the arrows are the corporation has been notified in writing	o act in this capacity. or act in this capacity. cobligation of my position as recobligation of my position as recoble on the registered office add	egistered ress, I
		J/2017	
	hayf of Registered Agent hayf of an entity:	<i>77</i> 110	
Justine Karr	nell - Assistant Secretary		
7	yped or Printed Name	0 + + +	
	* * * FILING FEE: \$35.0	י י טו	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)