Division of Corporations

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Division of Corporations

Tax Number

: (850)205-0380

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (305)672-0686

Fax Number 1 (305)672-9110

REGISTERED AGENT CHANGE

DARDEN RESTAURANTS, INC. FOUNDATION

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: DARDEN RESTAURANTS, INC. FOUNDATION	
2. The principal	al office address: 5900 LAKE ELLENOR DRIVE, Orlando, FL 32809	_
		_
3. The mailing	address (if different): POST OFFICE BOX 593330, Orlando, FL 32859	_
4. Date of incor	prporation/qualification: 07/25/1995 Document number: N95000003554	-
	nd street address of the current registered agent and registered office on file with the artment of State:	
	DARDEN RESTAURANTS, INC.	
	5900 LAKE ELLENOR DRIVE	
	Orlando, FL 32809	
6. The name and (if changed):	Orlando, FL 32809 Ind street address of the new registered agent (if changed) and /or registered office Corporate Creations Network Inc. 11380 Prosperity Farms Road #221E	FILE
	Corporate Creations Network Inc.	ک
	11380 Prosperity Farms Road #221E	?
	Palm Beach Gardens, FL 33410	_1
The street address changed will	ress of its registered office and the street address of the business office of its registered agent,	
Such change was authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
O Ch	William R. White III Assistant (Printed or typed name and little) Secreta	!
, <u>D</u>	the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	يد
<u>. 19</u>	250UW 11906	
` `	chalf of an entity: (Date)	
	Assistant Secretary	
Τ)	(Typed or Printed Name)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)