P03573

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUN -3 PM 1: 27

RA. Charge C.COULLIETTE

JUN 03 2011

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE : 788875

AUTHORIZATION : '

COST LIMIT : \$ 35.400

ORDER DATE: May 24, 2011

ORDER TIME : 9:12 AM

ORDER NO. : 788875-089

CUSTOMER NO: 7828686

CHANGE OF AGENT

NAME: VOLUME SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Delaware ered agent, or both, in the State of Florida.	—
1. The name of	the corporation: VOLUME SERVICE	S, INC.	
2. The principal	office address: 201 East Broad Street,	Spartanburg, SC 29306 US	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/03/1984	Document number: P03573	
	d street address of the current registered agriment of State:	gent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation, FL 33324 US	ALLA	Section 19
6. The name and (if changed):	d street address of the new registered agen	it (if changed) and /or registered office	1 JUN - 3 PH 1: 2
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	TST:
	1201 Hays Street		器 2
	(P.O. Box NOT acceptable)		D
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street libe identical.	address of the business office of its registered a	gent,
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Ma	ure of an officer or director	Maureen Cathell, Vice President (Printed or typed name and title)	
I hereby 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 statt nd I am familiar with and accept the obli ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete perforn gation of my position as registered agent. Or, e registered office address, I hereby confirm the	nance if this at the
By: 5	on Service Company	05/24/2011	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
Sylvia Quepp			
C	Typed or Printed Name)		

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