817125

(Req	uestor's Name)	
444.4		
(Addı	ress)	
(Addi	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only

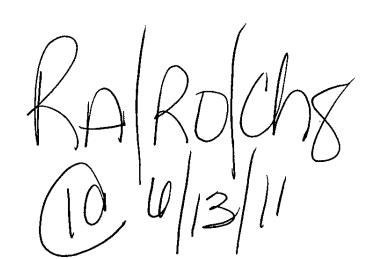


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SEGRETARY OF SIGH NVISION OF CORPORATIONS



COVER LETTER

TO:	Amendmen Division of	t Section Corporations	
SUBJ	ЕСТ:	Waffle House Name of Corp	, Inc.
DOC	UMENT NUI	MBER:	
The er	nclosed Stater	nent of Change of Registered Office/A	gent and fee are submitted for filing.
Please	return all con	respondence concerning this matter to	the following:
	-	Carley Th Name of Conta	ysell et Person
		Name of Conta	ct i cison
	•	Article 9 A	gents
		Firm/Com	
			•
		535 8th Avenue	
		Addres	S
		New York, N	Y 10018
		City/State and	Zip Code
		cthysell@a9	a.com
		E-mail address: (to be used for futu	re annual report notification)
For fu	rther informa	tion concerning this matter, please call	:
		Carley Thysell	at (646) 833-3531
	Nan	ne of Contact Person	at (646) 833-3531 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.0	0 check made payable to the Departme	ent of State.
		Mailing Address: Amendment Section	Street Address: Amendment Section
		Division of Corporations	Division of Corporations
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
		- minimussee, 1 LJ J4J 17	Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sto ange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of Flo	·
1. The name of	the corporation: WAFFLE HOUSE INC	
2. The principa	l office address: 5986 FINANCIAL DRIVE, NORCROSS GA 30071	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 05/03/1962 Document number:	817125
	d street address of the current registered agent and registered office on file with rument of State: (If resigned, enter resigned)	the
	NATIONAL REGISTERED AGENTS, INC.	
	2731 EXECUTIVE PARK DRIVE, SUITE 4	<u> </u>
	WESTON FL 33331 US	1 5104
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	11 JUN 10 PH12: (
	InCorp Services, Inc.	H 12:
	17888 67th Court North	05
	P.O. Box NOT acceptable Loxahatchee, FL 33470	
The street address changed will	ess of its registered office and the street address of the business office of its i	registered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so
Sure	Ole Jonathan Walker	becretary
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compad I am familiar with and accept the obligation of my position as registered aing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete performance agent. Or, if this confirm that the
Banca	mature of Registered Agent SUTUDate	
If signing on bo	chalf of an entity:	
Bianc	a R1376-EV Typed or Printed Name	

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

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

SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Bianca Blazier and appoint and constitute said individual as my attorney-in-fact...

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which * Article 9 Agents (A9A) * have purchased agent service on through their account with Incorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

Tennie Sedlacek, President

Dated: July 1, 2010

Signed in my presence this the 1st day of July 2010 by Tennie Sedlacek, State of Neada. County of Clark