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Florida Department of State Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)205-0380 From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

## **REGISTERED AGENT CHANGE**

## **IHOP ENTERPRISES, INC.**

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## 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 : IHOP Enterprises, Inc.

	Fre y
2. The mailing address of the corporation :	FILE PHILE D
450 North Brand Boulevard, 7th Floor, Glendale, CA 91203	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>
3. Date of incorporation/qualification: <u>C/22/82</u> Document number: <u>85321</u>	7 200
4. The name and address of the current registered agent and office:	ORE US
The Prentice-Hall Corporation System Inc.	ÚP.
1201 Hays Street	
Tallahassee, FL 32301	
5. The name and address of the new registered agent (if changed) and/or registered office (if ch (P. O. Box Not Acceptable)	inged):
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road,	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its re agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board. (Signature of an officer, chairman of the board) (Signature of an officer, chairman of the board)	Jer so
Mark D. Weisberger, Vice President - Legal (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 cap I further agree to comply with the provisions of all statutes relative to the proper and comple performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. C T Comparison System By:	ıcity. 'e
(Signature of Registered Agent) (Date)	<u>}</u>
If signing on behalf of ARA COLER ASSISTANT SECRETARY	
(Typed or Printed Name) (Canacity)	
(Typed or Printed Name) (Capacity)	-
(Capacity) * * * FILING FEE: \$35.00 * * *	

TOTAL P.02

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