Attorneys at Law

600 N. Westshore Boulevard Suite 200 Tampa, FL 33609-1117 Phone 813,289,1247 Fax 813.289,6530

February 1, 2001

Lydia M. Nicosia 813.289.1247 lmn@tam.haynsworth.com

Tampa Atlanta

Charlotte Columbia

Greenville Jacksonville

Raleigh

State of Florida Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re:

Change of Registered Agent Form

RMS Family Restaurants, Inc.

Dear Sir or Madam:

On behalf of RMS Family Restaurants, Inc., please find enclosed a Statement of Change of Registered Office or Registered Agent or Both for Corporations and a check in the amount of \$35.00 for the filing fee.

If you have any questions, please call me at (813)289-1247. Any correspondence should be directed to me at the above address.

Sincerely,

LMN:led

Enclosure

By Federal Express

Lydia M. Nicosia Ocol

RMS Family Restaurants

Hydia M. Micosia

3500 5 M

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

submits the fo the State of F	ned corporation organized under the ollowing statement in order to chan lorida. of the corporation: RMS Famil	ge its registered office or re	gistered agent, or both, in
2. The mailing31210	g address of the corporation: 484		iy Dr., Macon, GA
3. Date of inc	corporation/qualification: _\Q&_>	Document nur	mber: 858064
	and address of the current registered		
	Judith K. Bergmeier 906 Lee Road Orlando, FL 32810		RETARRETARR
3. The name a	nd address of the new registered age (P.O. Box I Lydia M. Nicosia 600 N. Westshore Blve Tampa, FL 33609	Not Acceptable)	C: 24 FLORIDE
Such change wanthorized by	ress of its registered office and the ged, will be identical. vas authorized by resolution duly act the board. c of an officer, chairman or vice chairman of the case (Printed or typed name and title)	dopted by its board of directo	
If signing on behe LYDIA	amed as registered agent and to achereby accept the appointment as regions of all to comply with the provisions of all fmy duties, and I am familiar with att. LAM Decoder Registered Agent)	cept service of process for the egistered agent and agree to lite project and accept the obligation of the color of the co	he above stated to act in this capacity. The per and complete my position as legistered Agent

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

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

TALLAHASSEE, FL 32314