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To:

Division of Corporations

Fax Number : (850)617-6383

From:

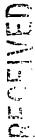
Account Name : COMPUTERSHARE

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)214-8442



| **Enver the | email a | address fo | r this | business | entity | r to be ι | used for | future |
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| 🥂 🚝 ấn nual | report | mailings. | Enter | only one | email | address | please.* | * |
| ·i. | | • | | | | | | |

REGISTERED AGENT CHANGE

SHOSF NEW YORK SERVICES, LIMITED PARTNERSHIP

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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K. SALY JUL 3 1 2024

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| · · - · | ORK SERVICES, LIMITED PAR | | | |
|--|---|--|-------------------|--|
| | Name of Limited Partnership or Limit | ed Liability Limited Partnership | | |
| o02/01/2007_ | | 3. A07000000217 | | |
| Date of f | iling/registration in Florida | Florida document number | | |
| l. The name of the Department of St | - · · · · · · · · · · · · · · · · · · · | fice address as shown on the records of the F | lorīda | |
| | Kelly Lefferts | | | |
| | Name | - | | |
| | 2202 N West Shore Blvd., 5th | Floor | (ن) د م | |
| | Addres | S | ري م من ح | |
| | Tampa, Fl 33607 | | 70.7 | |
| | City, State a | nd Zip | S. | |
| 5. The name and | Florida street address of the new regist | ered agent and/or office: | SECRETASSEE, FLOT | |
| | United Agent Group Inc. | | 7 | |
| | Name | | | |
| | 801 US Highway 1 | | | |
| | Florida street address (P.O | . Box not acceptable) | | |
| | North Palm Beach | FL_33408 | | |
| | City, State a | · · · · · · · · · · · · · · · · · · · | | |
| Reserv | is/are effective when filed by the Flor OUTBACK STEAKHOUSE OF FLO By: Adia Myles, Special Manager | | | |
| Signature of Gene | ral Partner | | | |
| comply with the p | | agree to act in this capacity. I further agree roper and complete performance of my dutic isition as registered agent. | | |
| | Adia Myles, Special Secretary | | | |
| tieve: | · · · · · · · · · · · · · · · · · · · | | | |

Certified Copy (optional): \$52.50