

Document Number Only

A96000002124

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City State Zip Phone

CORPORATION(S) NAME

700002945157--5

-07/29/99--01056--011

****665.00 *****35.00

Koo Koo Roo Florida 107J Ltd

- ☐ Profit ☐ Amendment ☐ Merger
- ☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
- ☐ Limited Liability Company ☐ Other
- ☐ Foreign ☐ Annual Report ☒ Change of R.A.
- ☐ Limited Partnership ☐ Reservation ☐ Fictitious Name
- ☐ Reinstatement ☐ Photo Copies ☐ CUS
- ☐ Limited Liability Partnership ☐ Call When Ready ☐ Call if Problem ☐ After 4:30
- ☐ Certified Copy ☐ Will Wait ☒ Pick Up
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THANKS

Connie

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7/29/99

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of
Florida, 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 limited partnership is:

KOO KOO ROO FLORIDA 107J LTD.

2. The date of filing/registration in Florida:

November 15, 1996

3. Document number assigned:

A96000002124

4. The name and address of the present registered agent and office:

Nancy Ryan

10800 Biscayne Blvd., Penthouse

Miami, Florida 33161

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

C T CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

SIGNATURE: Todd E. Doyle

General Partner, Koo Koo Roo, Inc.

Date: 7/15/99

By: Todd E. Doyle, Secretary

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE
TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE: D. F. Hickey

(Officer)

D. F. Hickey, Assistant Secretary

(Type Name and Title of Officer)

Date: 7-27-99

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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Filing Fee: \$35.00