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C I CORPORATION SYST	M			
Requestor's Name 660 East Jefferson S	treet			
Address Tallahassee, FL 323 Oity State Zip CORPORA	01 (850)222-1092 Phone ATION(S) NAME	000	003033790 -11/03/9901047026 ******35.00 *****35.(- 1
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Updater Veriller Acknowledgment	13K	12/44	LAURA BARNEST TO	
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W.F. Verifler

Florida Department of State, Jim Smith, Secretary of State

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 Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Koo Koo Roo Florida 110J Ltd.
1b. Date of incorporation August 11, 1997 Document number A97000001752
2. The name and address of the current registered agent and office: Nancy Ryan 10800 Biscayne Boulevard, Penthouse, Miami, FL 33161 2. 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
10800 Biscayne Boulevard, Penthouse, Miami, FL 33161
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. General Partner: Koo Koo Roo, Inc. by: Todd E. Doyle, Secretary Type or printed name and title) DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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.
SIGNATURE BY:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

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