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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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MALLORY GAYLE HOLM, P.A.

4315 Pablo Oaks Court
Jacksonville, Florida 32224
Phone: 904.482.1144 Facsimile: 904.482.1145
Cell: 904.710.1358
mgholm@attbi.com

June 2, 2003

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent

Ladies and Gentlemen:

Enclosed are the required executed forms to change the registered agent for each of the following companies, together with a check for \$35.00 for each change:

- 1. BF Restaurant Holding Company, Inc.;
- 2. BF Greensboro, LP;
- 3. BF Asheville, LP.

Also enclosed is the required form to change the address of the registered agent for Burl Investments, Inc., and a \$35.00 check for this change also.

If you have any questions, please call me.

Sincerely,

Mallory Gazle Holm

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 submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

| 1. BF Asheville, LP | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of the limited partnership | |
| 2. //2//03 Date of filing/registration in Florida 3. BO3000000000000000000000000000000000000 | |
| 4. The name of the registered agent and the registered office address as shown on the records of the Department of State: CT Corporation | ne Florida |
| Name 1200 South Pine Island Road | · |
| Address | |
| Plantation, FL 33324 | _ |
| City, State and Zip | r 6007 |
| 5. The name and address of the new registered agent and/or office: | 皇工 |
| Mallory Gayle Holm, P.A. | 53 65 5 |
| Name | 智卫! |
| 4315 Pablo Oaks Court | 일 : |
| Florida street address (P.O. Box not acceptable) | 22 |
| Jacksonville FL 32224 | 995 T |
| City, State and Zip 6. Such change(s) was/were authorized by the general partners. | , , , , , , |
| Donner | |
| Signature of General Partner BF Restaurant Holding Company, Inc. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, familiar with and accept the obligations of my position as registered agent. Or, if this document is merely to reflect a change in the registered office address, I hereby confirm that the limited partners been notified in writing of this change. | and I am |

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Mallory Gayle Holm, P.A. President

Signature of Registered Agent