

Document Number Only

1398000000299

CT CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

300002746193--5
-01/19/99--01084--023
*****35.00 *****35.00

RT West Palm Beach Franchise, LTD

99 JAN 19 PM 4:16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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☐ NonProfit ☐ Limited Liability Co. ☐ Dissolution/Withdrawal ☐ Mark
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TO

JEFFREY D. BUTTERFIELD

1/19
DIVISION OF CORPORATION

99 JAN 19 PM 12:07

RECEIVED

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
Delaware, 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:

RT West Palm Beach Franchise, Ltd.

2. The date of filing/registration in Florida:

May 7, 1998

3. Document number assigned:

B98000000299

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

Corporation Service Company

1201 Hays Street, Tallahassee, FL 32301

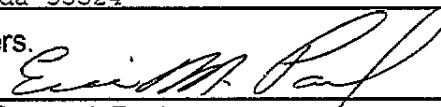
5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

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.

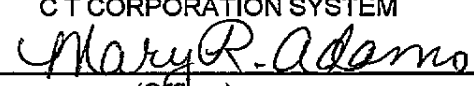
SIGNATURE: 

General Partner

Date: 12.31.98

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: 

(Officer)

Mary R. Adams

(Type Name and Title of Officer)

Date: 1-15-99

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

INHSE 4

Filing Fee: \$35.00