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Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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## REGISTERED AGENT CHANGE

SHAKE'S FROZEN CUSTARD, INC.

Certificate of Status	0
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7/20/2004

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	te provisions of sections 607.0	1502, 617.0502, 607.1508, or 617.1508, F	lorida Statutes,
this statement Arkansas	•	rporation organized under the laws of the registered office or registered agent, or b	•
of Florida.	· · · · · · · · · · · · · · · · · · ·		
1. The name of	f the corporation: Shake's Froz	ten Custard, Inc.	
		on, Fayetteville, Arkansas 72701	
	- <u>#</u>		
3. The mailing	address (if different):		<u> </u>
· · · · · · · · · · · · · · · · · · ·			·-
4. Date of inco	rporation/qualification: 6/4/0	Document number: F01	1000003071
	nd street address of the current artment of State:	registered agent and registered office on fil	e with the
	Wayne K. Chemicky		22
	5 Cahaba Court		强
	Destin, Florida 32541		FEG
6. The name a changed):	and street address of the new Business Filings Incorporated	registered agent (if changed) and /or regis	stered office (#)
	660 East Jefferson Street	<b>↓</b> =	
	(P.O. Box or per	rsonal mailbox NOT acceptable)	
	Tallahassee, Florida 32301		
agent, as chang	ged will be identical.	the street address of the business office o	_
Such change wanthorized by	vas authorized by resolution du the board, or the corporation has	ily adopted by its board of directors or by as been notified in writing of the change.	an officer so
(Signature of an office	er, chauman or vice chairman of the board	Corey Osborne, President (Printed or typed name and title)	
I hereby accept I further agree performance o registered agei office address;	t the appointment as registered to comply with the provisions f my duties, and I am familiar nt. Or, if this document is bein hereby confirm that the corp	d agent and agree to act in this capacity of all statutes relative to the proper and cowith and accept the obligation of my positing filed merely to reflect a change in the reportation has been notified in writing of this	complete tion as egistered s change.
·	Signature of Registered Agent)	(Date)	
If signing on beha Mark Schiff	ut of an entity:	Assistant Vice President	_
	Typed or Printed Name)	(Canacity)	<del></del>

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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