Florida Department of State

Division of Corporations Public Access System

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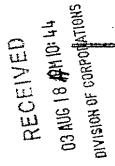
From:

: C T CORPORATION SYSTEM Account Name

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REGISTERED AGENT CHANGE

RESTAURANT ASSOCIATES EVENTS CORP.

Certificate of Status	0
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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 New York submits the following statement in order to change its registered office or registered agent, or both, in the State of Plorida. 1. The name of the corporation: Restaurant Associates Events Corp.
2. The mailing address of the corporation: 120 West 45th Street, New York, NY 10036
3. Date of incorporation/qualification: 01/16/03 Document number: F03000000252
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Have Street
Tellshassee, Florida 32301-2525
4. The name and address of the current registered agent and office: Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301-2525 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable) CT Corporation System c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road.
Plantation, Plorida 33324
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.
Jane 2018/20
(Signature of an officer, chairman or vice chairman of the board) (Dave)
Laurence B. Iones, UP (Privide or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I finither 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.
CT Corporation System ASSISTANT SECRETARY 8/18/03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS