

F03000004992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

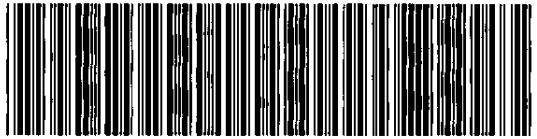
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*R. D. Chang*

05/08/09--01009--025 \*\*35.00

FILED  
2009 MAY -8 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ADP*  
*5/14/09*

FOOD SERVICE FRANCHISE CORPORATION  
1007 North Main St.  
Columbia, IL 62236

*Food Team*<sup>®</sup>

May 5, 2009



Florida Dept of State  
P.O. Box 6327  
Tallahassee, FL 32314

ATTN: Amendment Section-Division of Corporation

RE: FOOD SERVICE FRANCHISE CORPORATION-F03000004992  
Statement of Change of Registered Office/Agent

Dear Madam/Sir:

Enclosed please find our request for Statement of Change of Registered Office/Agent. Also, enclosed is our check in the amount of \$35.00.

If you have any questions, please contact us by telephone at 618-281-3100 EXT 623 or FAX 618-281-3110 or mail at 1007 North Main St. Columbia, IL 62236.

We hope you find all in order.

Yours truly,

FOOD SERVICE FRANCHISE CORPORATION

  
Samuel Knight  
Secretary

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Food Service Franchise Corporation  
Name of Corporation

**DOCUMENT NUMBER:** F03000004992

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Samuel Knight  
Name of Contact Person

Food Service Franchise Corporation  
Firm/Company

1007 North Main St.  
Address

Columbia, IL 62236  
City/State and Zip Code

sknight@rifood.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Knight at 618 281-3100 EXT 623  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Food Service Franchise Corporation

2. The principal office address: 1007 North Main St.  
Columbia, IL 62236

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/29/03 Document number: F03000004992

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Business Filings Incorporated

1203 Governors Square Blvd. Suite 101

Tallahassee, Florida 32301-2960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William Timmons

4907 Yacht Club Drive

P.O. Box NOT acceptable

Tampa, FL 33616

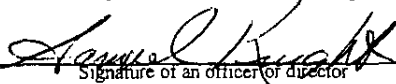
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY -8 AM 11:56

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The street address of its registered office 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, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Samuel Knight, Secretary

Printed or typed name and title

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

5/5/09

Date

If signing on behalf of an entity:

William Timmons

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314