. Division of Corporations 000003

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Florida Department of State

Division of Corporations Public Access System

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To

Division of Corporations

Fax Number : (850)205-0380

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : I2000000088

(800)221-0102

Phone Fax Number

NATIVE From:

(212) 564-6083

REGISTERED AGENT CHANGE

TRI-STATE RESTAURANTS, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu	
	inge is submitted for a corporation organized under the laws of the State of ge its registered office or registered agent, or both, in the State of Florida.	Delaware
I. The name of t		
	TRI - STATE RESTAURANTS, INC.	
2. The principal	office address:	
701 LEE STRE	EET, SUITE 1000, DES PLAINES, IL 60016	
3. The mailing a	ddress (if different):	
156 We	est 56th Street, Suite 1604, New York, NY 10019	
4. Date of incorp	poration/qualification: 5/20/05 Document number: F050	000003046
	street address of the current registered agent and registered office on file with the tenent of State:	
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office National Corporate Research, Ltd., Inc.	AN 9: 42 OF STATE
_	515 East Park Avenue	·
	(P.O. Box NOT acceptable)	
-	Tallahassee Florida 32301	
The street address as changed will b	ss of its registered office and the street address of the business office of its region identical.	istered agent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so
Justi	the Bry Assis	tant Secretary
hereby accept to further agree to find the further agree to find a division and accument is being a corporation has	presence of an office for director) he appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered age g filed merely to reflect a change in the registered office address, I hereby con been notified in writing of this change.	nd title) performance nt. Or, if this yfirm that the
(%) f signing on beh	ignature of Registered Agent) (Date) all of an entity:	
	Soroyoy, Asst. SEcy	
Ida Borovo		
Asst. Secr	'etaty Make checks payable to Florida Department op State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32	314