# F0500006103

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP				
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

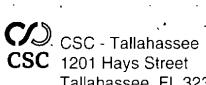


400416972164

anend

SECTIAN BILLOGGE

A. RAMSEY 0CT 19,2023



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 10/18/23 Order #: 1291889-5

Re: Ruth's Hospitality Group, Inc. Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

#### PROFIT CORPORATION

# APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to s. 607.1504, F.S.)

## SECTION 1 (1-3 MUST BE COMPLETED)

F05000006103

2023 OCT 18 PM 12 O1

(Docume	ent number of corporation (if known)
Ruth's Hospitality Group, Inc.	
(Name of corporation as	s it appears on the records of the Department of State)
Delaware	3.
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMPLET	SECTION II TE ONLY THE APPLICABLE CHANGES)
<u> </u>	n, when was the change effected under the laws of its jurisdiction of
incorporation?	
	iffix "corporation." "company," or "incorporated." or appropriate abbreviation, if corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration.	
<del></del>	(New duration)
7. If the amendment changes the jurisdiction of inco	orporation, indicate new jurisdiction.
	(New jurisdiction)
8. If the amendment changes the jurisdiction of organiz	ation, indicate new jurisdiction:
9. If the amendment changes person, title or capacity in a	accordance with 607.1504 (4), indicate that change:

Title/Capacity Name Type of Action Address Kristy Chipman Treasurer Remove Giannella Alvarez Director Remove Mary Baglivo Director Remove Carla Cooper Director Remove

Remove

Stephen King

Director

itle/ Capacity	<u>Name</u>	Address 1	ype of Action
Oir 	Michael O'Donnell		□Add
			Remove
Oir 	Marie Perry		DAdd
			■Remove
Dir 	Robin Selati		
			=Remove
Dir 	Matthew Broad	1000 Darden Center Drive	<b>=</b> Add
		Orlando; FL 32837	□Remove
			□Add
			⊟Remove
Attached is a confidence of the application under the laws		idencing the amendment, authenticated not many of State or other official having custody of co	ore than 90 days prior to delivery orporate records in the jurisdiction
	<u>llleletally</u>	or, president or other officer - if in the hands o	F
Marcy Lync		urt appointed fiduciary, by that fiduciary) Secretary	
	(Typed or printed name of person signing)	(Title of person	signing)

FILING FEE \$35.00