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TALLAHASSEE FLORIDA

Trans The



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Shoney's North America Corp. (Name of Corporation)		
` ·	,		
DOCUMENT NUMBER: F0700000025			
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the fol	lowing:		
Catherine Hite, Esq.			
(Name of Contact Perso	on)		
Catherine Hite & Associates, P.L.			
(Firm/Company)			
799 Brickell Plaza, Suite 700			
(Address)			
Miami, FL 33131			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
· · · · · · · · · · · · · · · · · · ·			
Catherine Hite, Esq. at (30	05 373-8100 ea Code & Daytime Telephone Number)		
(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	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

statement of chan	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th nge is submitted for a corporation organized under the laws of the State of Georgia r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: Shoney's North America Corp.	
2. The principal o	office address: 255 East Paces Ferry Road, Suite 300 A 30305	
3. The mailing ad	ddress (if different):	
4. Date of incorpo	poration/qualification: 12/1/2006 Document number: F07000000025	
5. The name and s Florida Departr	street address of the current registered agent and registered office on file with the tment of State:	·
(CT Corporation System	
	1200 South Pine Island Rd.	
<u> </u>	Plantation, FL 33324	
(if changed):	street address of the new registered agent (if changed) and /or registered office Catherine Hite, P.A.	3 ▼ <u>T</u>
- -	799 Brickell Plaza, Suite 700	
-	(P.O. Box NOT acceptable) Miami, FL 33131	
-	·	o ed agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	o
(Signature	David Davoudpour, President (Printed or typed name and title)	····
I further agree to of my duties, and document is bein corporation has l	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per d I am familiar with and accept the obligation of my position as registered agent, ng filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change. Address Agent) (Fate)	formance Or, if this n that the
If signing on beh		
(ATHE)	RINE HITE, President	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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