

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name Account Number : 120080000085

: TRIAD PROFESSIONAL SERVICES LLC COA

Phone

: (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

SHONEY'S NORTH AMERICA CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Florida Dept of State *



February 12, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SHONEY'S NORTH AMERICA CORP. 255 EAST PACES FERRY ROAD SUITE 300

ATLANTA, GA 30305

SUBJECT: SHONEY'S NORTH AMERICA CORP.

REF: F07000000025

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filling cover sheet.

Our records show the current registered agent is Catherine Hite, P.A., 799 Bickelll Plaza, Ste 700, Miami, FL 33131. Please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calī (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: R09000032533 Letter Number: 709A00005044 (((H09000032533 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organism in order to change its registered office or regis | mized under the laws of the State of GA |
|---|---|
| 1. The name of the corporation: Shoney's North Ame | erica Corp. |
| 2. The principal office address: 255 EAST PACES FER | RY RD, Ste 300 |
| Atlanta, Georgia 30305 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 01/02/2007 | Document number: F0700000025 |
| 5. The name and street address of the current registered Florida Department of State: | • |
| <u>Catherine</u> 1 | Hite, PA 11 Plasa, Ste 700 3131 Em = 1 |
| - 199 BRICKE | 11 Plaza, Ste 700 |
| Miani, FL 3 | 3131 |
| 6. The name and street address of the new registered ago (if changed): | |
| NRAI Services, Inc. | SER N |
| 2731 Executive Park Drive | , Suite 4 |
| Weston, FL 33331 | |
| The street address of its registered office and the street as changed will be identical. | t address of the business office of its registered agent, |
| Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n | ed by its board of directors or by an officer so otified in writing of the change. |
| /s/Stuart M. Hall (Signature of an officer of director) | CFO (Printed or typed name and title) |
| I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob- document is being filed merely to reflect a change in the corporation has been notified in writing of this change | nd agree to act in this capacity. lutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the t. |
| (Signature of Registered Agent) | 2/11/2009 (Date) |
| If signing on behalf of an entity: | , |
| Jennifer Malik, Assistant Secretary | |
| (Typed or Printed Name) *** FILING F | EE: \$35.00 * * * |
| MAKE CHECKS PAYABLE TO FLOMMAIL TO: DIVISION OF CORPORATIONS, P | ORIDA DEPARTMENT OF STATE O. Box 6327, Tallahassee, FL 32314 |

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