Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000236942 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : BUSINESS FILINGS Account Number: 105256001620

Phone : (608)827-5300

: (608)827-5501 Fax Number

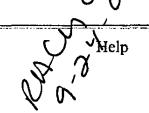
REGISTERED AGENT CHANGE

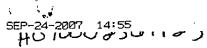
RTM & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu





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 Statutes,
<i>this statement oj</i> Illinois	f change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
of Florida.	in order to change as registered office or registered agent, or both, in the state
1. The name of	the corporation: RTM & Associates, Inc.
	office address: 3 Executive Ct, Unit 4, South Barrington, IL 60010
z. 1110 pinioipar	
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 3/21/2007 Document number: F07000001618
	d street address of the current registered agent and registered office on file with the three rement of State:
	NRAI Services, Inc.
	2731 Executive Park Drive Ste 4
	Weston FL 33331
	nd street address of the new registered agent (if changed) and /or registered (if
changed):	Business Fillings Incorporated
	1203 Governors Square Blvd Suite 101
	(P.O. Box or personal mailbox NOT acceptable) Tallahassee, FL 32301-2960
The street addragent, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Tony Mirchandani, Vice President (Printed or typed name and title)
I hereby accept I further agree performance of registered ager office address,	t 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 f my duties, and I am familiar with and accept the obligation of my position as nt. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
<u> de u</u>	9.24.07
If signing on beha	Signature of Registered Agent) (Date)
Mark Williams	AVP
	Typed or Printed Name) (Capacity)
	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State and Mail to; Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

HU70002369423