## F080000002443

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SECRETARY OF STALLAHASSEE, FLO

2/13/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 456104

AUTHORIZATION :

COST LIMIT : \$ 35(.6)

ORDER DATE: December 12, 2012

ORDER TIME : 3:49 PM

ORDER NO. : 456104-004

CUSTOMER NO: 7912581

## CHANGE OF AGENT

NAME: DRIVE THRU TECHNOLOGY INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0. statement of change is submitted for a corporation org in order to change its registered office or regi	anized under the laws of the State of
1. The name of the corporation: DRIVE THRU TEC	CHNOLOGY INC.
2. The principal office address: 1755 N Main St.  Los Angeles CA 90031	•
The mailing address (if different):	
4. Date of incorporation/qualification: 06/13/2008	Document number: F08000002663
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig	
Incorp Services, Inc.	
17888 67th Court North	MR BEC 13
Loxahatchee FL 33470 US	EC 1
6. The name and street address of the new registered ag (if changed):	gent (if changed) and /or registered office
Corporation Service Company	
1201 Hays Street	
	OT acceptable
Tallahassee, FL 32301	
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
Jauren Cathell	Maureen Cathell, Vice President
Signature of an officer or director  I hereby accept the appointment as registered agent a lighter agree to comply with the provisions of all steperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified Corporation Service Company  By:	atutes relative to the proper and complete   accept the obligation of my position as registered   accept the obligation of my position as registered
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Deb Reeves, Asst. VP	
Typed or Printed Name	
* * * FILING F	TEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)