F09000005040

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



100255873941

01/22/14--01028--010 **35.00

760.07 P.3387787 TAY

APPROVED

C. LEWIS

JAN 2 8 2014

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: January 20, 2014

Order#: 960720-015

Re: BUFFETS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.XCOA

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

| - | _ | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of MN | |
|---|---|---|--|
| • | | e or registered agent, or both, in the State of Florida. | |
| 1. The name of t | the corporation: BUFFETS, INC | O | |
| 2. The principal | office address: 405 Lancaste | r Avenue, Greer, SC 29650 | |
| | | | |
| 3. The mailing a | ddress (if different): 1020 Dis | covery Road, Suite 100, Eagan, MN 55121 | |
| 4. Date of incorp | poration/qualification: 12/17/2 | 2009 Document number: F0900005040 | |
| | I street address of the current retirement of State: (If resigned, en | egistered agent and registered office on file with the iter resigned) | |
| | C T CORPORATION SYSTE | :M | |
| | 1200 SOUTH PINE ISLAND ROAD | | |
| | PLANTATION | FL 33324 | |
| 6. The name and (if changed): | d street address of the new regi | stered agent (if changed) and /or registered office | |
| | Corporation Service Compar | <u> </u> | |
| | 1201 Hays Street | - . | |
| | | P.O. Box NOT acceptable | |
| | Tallahassee | FL 32301 | |
| | | the street address of the business office of its registered agent, | |
| Such change wa authorized by the | as authorized by resolution du ne board, or the corporation ha | ly adopted by its board of directors or by an officer so as been notified in writing of the change. | |
| ' /_ | | Dona Priebe, Vice President | |
| Signatu | ire of an officer or director | Printed or typed name and title | |
| I further agree performance of agent. Or, if the hereby confirm | to comply with the provisions my duties, and I am familiar is document is being filed mer | d agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change. | |
| By: Silv | in august | 01/16/2014 | |
| D Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Sylvia Queppe | t, Assistant Vice President | | |
| Т | yped or Printed Name | | |

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