(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
J. HORNE JAN - 3 2023		

Office Use Only



700419579487



RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

AUTHORIZATION :

REFERENCE : 223459 8323810

JTHORIZATION : COST LIMIT : \$ 87.50

ORDER DATE: December 21, 2023

ORDER TIME : 8:26 AM

ORDER NO. : 223459-015

CUSTOMER NO: 8323810

### CHANGE OF AGENT

NAME: BARN RESTAURANTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_

### **COVER LETTER**

Division of Corporations
SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: F10000003458
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RESIGNATION DEPARTMENT
(Name of Person)
CORPORATION SERVICE COMPANY
(Name of Firm/Company)
251 LITTLE FALLS DRIVE
(Address)
WILMINGTON, DE 19808
(City/State and Zip Code)
For further information concerning this matter, please call:
RESIGNATION DEPARTMENT  (Name of Person)  at ( )  (Area Code & Daytime Telephone Number)
· · · · · · · · · · · · · · · · · · ·

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee. FL 32314

### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned.	CORPORATION SERVICE COMPANY (Name of Registered Agent)
	(Name of Registered Agent)
hereby resigns as Registered Ager	Barn Restaurants, Inc.
nereby resigns as Registered Agei	(Name of Corporation)
F10000003458	
(Document Number, if known)	
The agency is terminated and the	office discontinued on the 31st day after the date on which  www Weilard-Sranson, AVP
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
BY ALEXXIS WE	EILAND-SORENSON
<del></del>	(Typed or Printed Name)
ASSISTANT VICE	E PRESIDENT
	(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Barn Restaurants, Inc.	
(Name of Corporat	ion)
DOCUMENT NUMBER: F10000003458	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
RESIGNATION DEPARTMENT	
(Name of Person)	-
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	-
251 LITTLE FALLS DRIVE	
(Address)	-
WILMINGTON, DE 19808	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
RESIGNATION DEPARTMENT 800 at (	927-9801
(Name of Person) (Area Code	) & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303