(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:

Office Use Only



200374816762

RECEIVED

OCT 1.5 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

5045187

AUTHORIZATION

COST LIMIT

107603

ORDER DATE: October 14, 2021

ORDER TIME : 2:48 PM

ORDER NO. : 107603-005

CUSTOMER NO: 5045187

CHANGE OF AGENT

NAME: QUALITY DINING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ Name	JECT: Quality Dining, Inc.		
DOC	UMENT NUMBER: F13000001038		
The er	enclosed Statement of Change of Registered Office/A	gent and fo	ee are submitted for filing.
Please	e return all correspondence concerning this matter to	the follow	ing:
Jill Co			
Name	e of Contact Person		
Quality	ty Dining, Inc.		
Firm/(Company	 -	
4220 E	Edison Lakes Parkway, Suite 300		
Addre	ess		
Misha	waka, IN 46545		
City/S	State and Zip Code		
	jmcondon@qdi.com		
E-mai	il address: (to be used for future annual report no	otification)
For fu	orther information concerning this matter, please call:		
Jill Co	ondon	. , 574	₂ 243-6383

Enclosed is a \$35.00 check made payable to the Department of State.

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

Name of Contact Person

Street Address: Amendment Section

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

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Indiana ochange its registered office or registered agent, or both, in the State of Florida.
	corporation: Quality Dining, Inc.
	Tice address: 4220 Edison Lakes Parkway, Suite 300, Mishawaka, IN 46545
3. The mailing add	ress (if different):
4. Date of incorpor	ation/qualification: 3/7/2013 Document number: F13000001038
5. The name and st	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
Da	aniel B. Fitzpatrick
30	Ols U.S. Highway 301 N., Suite 100
Ta	ımpa, FL 33619
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office
Co	orporation Service Company
120	01 Hays Street
	P.O. Box NOT acceptable
	liahassee, FL 32301
The street address of as changed will be it	of its registered office and the street address of the business office of its registered agent, identical,
	uthorized by resolution duly adopted by its board of directors or by an officer so oard, or the corporation has been notified in writing of the change.
_ she	John C. Firth, President
Signature of a	an officer or director Printed or typed name and title
I hereby accept the I further agree to co of my duties, and I a document is being fi corporation has bee	appointment as registered agent and agree to act in this capacity. Omply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this iled merely to reflect a change in the registered office address, I hereby confirm that the innotified in writing of this change.
.1.41	tant Vice President 10/14/2021
Signature If signing on behalf	of Registered Agent Of an entity:
Typed o	or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)