Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE RUTH'S CHRIS STEAK HOUSE OPERATIONS, INC.

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Help

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

statement of cha	inge is submitted for a corporation	of 7.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of California
		registered agent, or both, in the State of Florida.
1. The name of	the corporation:	STEAK HOUSE OPERATIONS, INC.
	office address:	89
3. The mailing a	ddress (if different):	
4. Date of incor	poration/qualification: 09/28/2018	Document number: F18000004523
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	CORPORATION SERVICE COM	IPANY
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	$\mathcal{E}_{\mathcal{E}}$
6. The name and (if changed):	•	ed agent (if changed) and /or registered office
	Corporate Creations Network Inc.	
	801 US Highway 1	
	North Palm Beach, FL 33408	P.O. Box NOT acceptable
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
Ta	sha Edwards	Tasha Edwards, Attorney-in-Fact
hereby accept further agree i of my duties, an locument is bei	the appointment as registered as to comply with the provisions of i d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	Printed or typed finite and title gent and agree to act in this capacity. all statutes relative to the proper and complete performanc the obligation of my position as registered agent. Or, if the te in the registered office address, I hereby confirm that the hange.
Taska	dwards	11/21/2023
	nature of Registered Agent	Dute
f signing on be	half of an entity:	
Tasha Edwards,	Special Secretary	
T	yped or Printed Name	-
	* * * 1711 17	MC CCC, C18 BO + + +

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