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2017-08-09 09:54:59 CST

19542080845 From: Ranae McGraw

8/8/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

AUG 10 2017

R. WHITE

****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
POPEYES LOUISIANA KITCHEN, INC.

Requesting for the original filing date of 8-8-17. Thank you!

Certificate of Status	0
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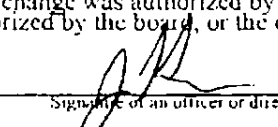
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: POPEYESLOUISIANAKITCHEN,INC.
2. The principal office address: 400 PERIMETER CENTER TERRACE, STE. 1000
ATLANTA, GA 30346
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/07/1992 Document number: F92000000510
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CORPORATECREATIONSNETWORK,INC.
11380PROSPERITYFARMSROAD#221E
PALMBEACHGARDENS,FL33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CTCorporationSystem
1200SouthPinelIslandRoad
Plantation,Florida33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____ Signature of an officer or director	<u>Jennifer Kurz, Secretary</u> _____ Printed or typed name and title
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: <u>Michele Holden</u> _____ Signature of Registered Agent	<u>08/04/2017</u> _____ Date
---	------------------------------------

If signing on behalf of an entity:

Michele Holden, Asst Sect

 Typed 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
 CR2F045 (03/12)

850-617-6381

8/9/2017 10:24:58 AM PAGE 1/001 Fax Server



August 9, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

POPEYES LOUISIANA KITCHEN, INC.
400 PERIMETER CENTER TERRACE, STE. 1000
ATLANTA, GA 30346US

SUBJECT: POPEYES LOUISIANA KITCHEN, INC.
REF: F92000000510

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE PROVIDE PRINCIPAL AND MAILING ADDRESSES.

PLEASE PLACE SPACES BETWEEN WORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

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Letter Number: 517A00016228