(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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FEB 12 2014 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: February 4, 2014

Order#: 955225-101

Re: COMPASS GROUP USA, 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: Evelyn Wright

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

statement of cha	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of DE gistered agent, or both, in the State of Florida.		
1. The name of t	the corporation: COMPASS GROUP	USA, INC.		
	office address:ont Road, Tax Dept. Charlotte, NC 2			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/27/1995	Document number: F95000000462		
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantaiton	FL 33324		
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office		
	Corporation Service Company			
	1201 Hays Street			
		NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the street be identical.	eet address of the business office of its		
Such change was authorized by th	as authorized by resolution duly adorne board, or the corporation has been	notified in writing of the change.		
' /		Dona Priebe, Vice President		
	Te of an officer or director	Printed or typed name and title		
I further agree in performance of agent. Or, if the hereby confirm	my duties, and I am familiar with an	tatutes relative to the proper and complete It accept the obligation of my position of registed reflect a change in the registered office address, I		
Dra	co tokuble	January 14, 2014		
-	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President			
T	yped or Printed Name			

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