Document Number Only T CORPORA 660 East Jefferson Street Requestor's Name 300002970823 Tallahassee, Florida 32301 -08/26/99--01045--002 *****35.00 *****35.00 Address (850) 222-1092 Phone Zip State City CORPORATION(S) NAME () Profit () Merger () Amendment () NonProfit) Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign) Other () Annual Report () Limited Partnership Change of R.A. () Fict. Filing () Reinstatement UCC-UCC-1) Limited Liability Partnership () Photo Copies () Certified Copy () After 4:50 Call if Problem () Call When Ready Pick Up () Wiil Wait Walk In () Mail Out Please Return Extra Copy(s) Name Filed Stamp Availability 5 Thanks, Melanie 😶 Document Examiner AUG 26 Updater Verifier Acknowledgment W.P. Verifier CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

| Pursuant to the provisions of sections 607.0 Florida Statutes, the undersigned corporation submits the following states or registered agent, or both, in the State of F | n organized under the laws of the State of ment in order to change its registered office |
|---|---|
| 1a. The name of the corporation is: MORRISO | ON RESTAURANTS INC. |
| 1b. Date of incorporation October 23, 1995 | Document number F96000000119 |
| 2. The name and address of the current reg | inc. |
| 1201 Hays Street, Ste. 105, Tallahasse | P ≥ S S |
| 3. The name and address of the new regist (P.O. Box Not Acceptable) | ered agent and office: RATION SYSTEM SSET 26 SFIG 28 COLUMN SSET 26 SET 26 SET 26 SET 26 SET 27 SET |
| c/o C T CORPORATION SYSTEM, 1200 South | Pine Island Rd., Plantation Florida 3332 |
| The street address of its registered agent ar of its registered agent as changed will be ide. Such change was authorized by resolution of an officer so authorized by the board. SIGNATURE G DATE | entical. |
| HAVING BEEN NAMED AS REGISTERED APROCESS FOR THE ABOVE STATED CORIN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPWITH THE PROVISIONS OF ALL STATUTE PLETE PERFORMANCE OF MY DUTIES, ATTHE OBLIGATION OF MY POSITION AS RESIDENT OF ALL STATUS SIGNATURE VICTOR ALL STATUS DATE | PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED ACITY. I FURTHER AGREE TO COMPLY S RELATIVE TO THE PROPER AND COM- ND I AM FAMILIAR WITH AND ACCEPT EGISTERED AGENT. C T GREORATION FROM |
| • | Box 6327, Tallahassee, FL 32314 |
| CR2E045 (7-91) | Filing Fee: \$35.00 |

(FLA. - 2194 - 3/4/92)