

Requestor's Name TALLAHASSEE, FL 32301				
Address 222	2	O00022918	·526	
City State Zip	Phone	_	-09/12/97010)88002 *****35.00
CORPORATION	N(S) NAME		***************************************	***************************************
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() NonProfit () Limited Liability Co	() Amendm	ent	() Merger	
() Foreign	() Dissolution	on/Withdrawal	() Mark	_
() United Bortographia	() Annual R	enort	() Other	_
() Limited Partnership () Reinstatement	() Reservat		Change of R.A.	•
	.,		() Fictitious N	ame Filing
() Certified Copy	() Photo Co	ppies	() CUS	
() Call When Ready	() Call if Pro	oblem	() After 4:30	_
Walk In	() Will Wait		Pick Up	
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Name Availability			<i>2</i>	
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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

PIO!	suant to the provisions of sections 607.0502 rida Statutes, the undersigned corporation or ew York submits the following statement	roanized under the laws of t	the Sta	ate of	
or r	egistered agent, or both, in the State of Florid	da.	5.0.00		
1a.	The name of the corporation is: Hard Rock	Cafe Licensing Corpora	tion.		- .
1b.	Date of incorporation	Document number_	SECI	978	
2.	. The name and address of the current registered agent and office:		RETAK!	띡	i il Hansina Tansina
Corporation Service Company			ЩC	٠ و٦	
	1201 Hays Street, Tallahassee, FL 32301		FLOR Siz	•	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM					<u></u>
C,	O C T CORPORATION SYSTEM, 1200 South Pi	ine Island Rd., Plantatio	on F	lorida	- 22324
Suc	ch change was authorized by resolution duly officer so authorized by the board.			or by	
	/ SIGNATURE Typed or printed name and title				_
	9/4/97	, per experience and			
PRO IN 1 AGI WIT PLE	VING BELN NAMED AS REGISTERED AGEN OCESS FOR THE ABOVE STATED CORPOR THIS CERTIFICATE, I HEREBY ACCEPT THE ENT AND AGREE TO ACT IN THIS CAPACIT TH THE PROVISIONS OF ALL STATUTES RE ETE PERFORMANCE OF MY DUTIES, AND I E OBLIGATION OF MY POSITION AS REGIS	RATION AT THE PLACE DE E APPOINTMENT AS REGI IY. I FURTHER AGREE TO ELATIVE TO THE PROPER I AM FAMILIAR WITH AND	SIGN/ STERI COM AND (ACCE	ATED ED IPLY COM- PT	
	SIGNATUR		<u> </u>	70	
	DATE	(Registered Age September 11, 1997	nt) _{Ma}	ry R.	Adams Ass Sec.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00