

F98000001619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

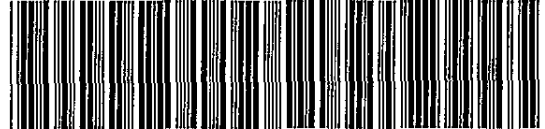
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200036234672

FILED

04 JUN 24 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 JUN 24 PM 12:12

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature: X + Change

Q. O. ~~Quinn~~ JUN 24 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 767945 7120793

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pigute

ORDER DATE : June 22, 2004

ORDER TIME : 10:19 AM

ORDER NO. : 767945-015

CUSTOMER NO: 7120793

CUSTOMER: Ms. Lisa Sims
Us Franchise Systems Inc.
Suite 250
13 Corporate Square
Atlanta, GA 30329

CHANGE OF AGENT

NAME: BEST FRANCHISING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BEST FRANCHISING, INC.
2. The principal office address: 13 Corporate Square, Suite 250, Atlanta, GA 30329
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/20/1998 Document number: F98000001619
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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)

Stephen D. Aronson
Sr. V-P. and General Counsel
(Printed or typed name and title)

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.

Corporation Service Company

By: 

(Signature of Registered Agent)

6-23-04
(Date)

If signing on behalf of an entity:

Sylvia Queppet

(Typed or Printed Name)

Assistant Vice President

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
04 JUN 24 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA