

Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

mor?

TARY OF STATE TASSEE, FLORIDA

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : {850}222-1092

Phone : (850)222-1092 Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

**BOSTON MARKET CORPORATION** 

Certificate of Status 0	
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DIVISION OF CORPORATION

Help

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

	=	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Deleware	
<del>-</del>		registered agent, or both, in the State of Florida.	
1. The name of the c	corporation; Boston Market Cor	rporation	
	ce address; 14103 Golden Park		
3. The mailing addra	ess (if different):		
4. Date of incorporati	ion/qualification: 11/23/1999	Document number; F99000006091	
5. The name and stree Florida Departmen		tered agent and registered office on file with the	
Сот	poration Service Company	·	
120	l Hayes Street		08
Talls	shassee, FL 32301-2525		08 MAR 13
6. The name and stree (if changed):	et address of the new registere	ed agent (if changed) and /or registered office	13 AMII: 29
·	CTCo	orporation System	
<del></del>	c/o C T Corporation Sys	stem, 1200 South Pine Island Road	29
	(P.O. Box NOT ac		
	Plantatio	on, Florida 33324	
		street address of the business office of its registered	agent,
Such change was aut authorized by the box	thorized by resolution duly a ard, or the corporation has be	dopted by its board of directors or by an officer so con notified in writing of the change.	
/ / / / / / / / / / / / / / / / / / / /	n officer or different)	J. RANKAL MILIER, SECRE	
corporation has been	i notijiea in writing oj tnis ci	ent and agree to act in this capacity, ill statutes relative to the proper and complete perfor he obligation of my position as registered agent. Or e in the registered office address, I hereby confirm th hange.	rmance if this hat the
СТС Ву:	Corporation System	3-1008	
·	of Registered Agent)	(Date)	·
If signing on behalf o	of an ontity:		
Warler (Typed 9)	a OBULL r Printed Name)	Barbara A. Burke Special Assistant Secretary	
**************************************	• • •	'G FEE: \$35.00 * * *	
MAIL TO CR2E045 (8/05)	MAKE CHECKS PAYABLE T DIVISION OF CORPORATION	TO FLORIDA DEPARTMENT OF STATE ONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

17.1116 - 09/14/2005 C T System Delice