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Pauluce Inter	nalional questor's Name	
JOI W. Turst City/State	Address 32771 Zip Phone #	0000021218003 -03/24/9701117006 *****35.00 *****35.00 Office Use Only
	NAME(S) & DOCUMENT NUM	ocument #)
•		ocument #)
4(Согр	poration Name) (D	ocument #)
	Pick up time Will wait Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS	· ·
Profit	Amendment	7v. 9
NonProfit	Resignation of R.A., Officer/Dire	FILI 97 MAR 24 SECRETARY TALLAHASSI
Lunited Liability	Change of Registered Agent	FII R 21
Domestication	Dissolution/Withdrawal	
Other	Метдет	5H/2U FE
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	AM IO: 22 EF, FLORIDA
	Trademark Other	

Examiner's Initials

CR2E031(1.95)

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 section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> , submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.			
The name of the corporation is: Pizza Kwik Limited, Inc.			
1a. Date of incorporation 01/20/84 Document number G80265			
2. The name and address of the current registered agent and office:			
Nicholas A. Pope			
215 North Eola Drive, Orlando, FL 32801 アップ			
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)			
David H. Simmons			
332 No. Magnolia Ave. Orlando, FL 32801			
The street address of its registered agent 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.			
SIGNATURE (name and title)			
DATE			
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. SIGNATURE (Registered Agent)			
DATE			
Division of Corporations, P.O. Box 6327 Tallahassee, FL 32314			

CR2E045 (7-90)

FILING FEE: \$35.00