Division of Corporations

L00000013958

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000060139 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4000

From:
Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407)649-4043
Fax Number : (407)841-0168

FILED
00 NOV 16 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SOUTHERN RESTAURANT MANAGEMENT, LLC

RECEIVED
00 NOV 16 PM 12:35
DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$55.00

Electronic Filing Menu Corporate Filing Public Access Help

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 16, 2000

BAKER & HOSTETLER LLP

SUBJECT:
REF: L00000013958

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

FAX Aud. #: H00000060139
Letter Number: 300A00058981

FILED
00 NOV 16 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Audit #H00000060139 3

200 S. Orange Ave., Suite 2300
Orlando, FL 32801
(407) 649-4000

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the limited liability company is: Southern Restaurant Management, LLC
2. The mailing address of the limited liability company is 9135 Bay Hill Boulevard
Orlando, FL 32819
3. Date of filing/registration in Florida: November 13, 2000
4. Document number: L00000013958
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
A.G.C. Co.
Name
200 S. Orange Ave., 2300 SunTrust Center
Address
Orlando, Florida 32801
City, State and Zip
6. The name and address of the new registered agent and/or office:
Gary Fourman
Name
9135 Bay Hill Boulevard
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32819
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Gary Fourman, Member
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent) Gary Fourman

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: $25.00

FILED
00 NOV 16 PM 3:02
TALLAHASSEE, FLORIDA