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Fax Number : (850)617-6383

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future → F annual report mailings. Enter only one email address please.\*\*

(f)		
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## LLC REGISTERED AGENT CHANGE OUTBACK STEAKHOUSE INTERNATIONAL, LLC

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

Pursuant to the provisions of sections 605,0114 or 605,0116. 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.

L. Na	ame of the limited liability company: OUTBACK STE	AKHOUS	E INTER	NATIONAL, LLC		
2. (a)	2202 N West Shore Blvd., 5th Floor	(I	(b) 2202 N West Shore Blvd., 5th Floor			
<u>.</u> . 1417	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.,	Mailing address of limited (Note: MAY BE POST		y:
	Tampa, Fl 33607		Tampa, I	FI 33607		<del></del>
	06/14/2007		 L0700006	2820		<del>,,</del>
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Kelly Leffens					
	Registered Agent and Registered Office shown on the records of 2202 N West Shore Blvd., 5th Floor	the Florida	i Dept. of Si	tate:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	ĬI.			
	Tampa		<del></del>	<b>202</b> 4		
(b)	United Agent Group Inc.			FILE 2024 JUL 31	30 P.1	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		:	(1-3-1-f)		
	801 US Highway 1			_	PH -	
	NEW Registered Office Address:				1: 02	
	North Palm Beach	33408		<del></del>		
change agent v was/wa	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the ease of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Adia Myles	ws of the e registere lability co of the lim e limited l	ed office a impany, it iited liabil iability co	and the business office of is hereby confirmed the lity company or as other.	of the registere nat the change(s	ed s)
Signa	ture of a member or authorized representative of a member		<del></del>	Printed or typed name of	l'signee	
provisi the obl to mer notifie	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	nertarm	mee of m	y duties, and I am famil	liar with and a	cont
Aa	lia Mylas Adia Myles, Special Secretary of Regulered Agent					
Signatu	ne or regrueren Agent					