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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	-
Certified Copies	Certificates of	f Status
Special Instructions to Filing Officer:		
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DEPARTMENT OF STATE OF

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CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Rookwood Burgers 6, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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 limite liability company submits the following statement in order to change its registered office or registered.

agent, or both, in the State of Florida.	Specific And Speci	
1. Name of the limited liability company: ROOKWOOD BU	RGERS 6, LLC	
2. (a) Principal office address of limited liability company	247 NORTH WESTMONTE DRIVE	
(Note: MUST BE STREET ADDRESS)	ALTAMONTE SPRINGS FL 32714	
(b) Mailing address of limited liability company:	247 NORTH WESTMONTE DRIVE	
(Note: MAY BE POST OFFICE BOX)	ALTAMONTE SPRINGS FL 32714	
09/28/2009	L09000093268	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:	
Registered Agent:	W. TERRY COSTOLO	
Registered Office Address:	301 EAST PINE STREET, SUITE 1400	
	ORLANDO FL 32801	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		
NEW Registered Agent:	C T Corporation System	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	
PACES DE LECHEZA DE LA CALIFORNIA DE LA	Plantation ,FL 33324	
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identified.	orida street address of the registered office	

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

Kristin Bolden, Manager

Printed or typed name of signee

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. M D Corporation System

Signature of Registered Agent

James M. Halpin

Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**