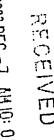
5000 8960C

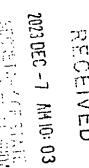
(Requestor's Name)					
(Address)					
(**************************************					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Contilled Continue of Change					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





300418859603







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/7/2023	<i>⇔WALK IN</i> *
ENTITY NAME FLORIC	OA ROADHOUSE RESTAURANT, LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXXXX	Plain Copy Certified Copy Certificate of Status
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION OF CERTIFICATION	
TOTAL OWED \$25	ACCOUNT #: 120160000072
Please call Tina at t	he above number for any issues or concerns. Thank you so much!

COVER LETTER

	Registration Section Division of Corporations							
SUBJEC	FLORIDA ROADHOUSE RES	FLORIDA ROADHOUSE RESTAURANT, LLC						
SUBJEC		Name of Limited Liability Company						
Dear Sir	or Madam:							
The enclo	osed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.					
Please re	turn all correspondence concerning	g this matter to th	e following:					
Nikki Laj								
	Name of Person	· · · · · ·						
Harbor Co	ompliance							
	Firm/Company							
1830 Cole	onial Village Lanc							
	Address	<u>.</u>	_					
Lancaster	; PA 17601							
	City/State and Zip Cod	de						
clys@pau	dandelkind.com							
E-n	nail address: (to be used for future	annual report not	iification)					
For furth	er information concerning this ma	tter, please call:						
Nikki Laj	om	717 at (869-0133					
	Name of Person	at (Area Code & Daytime Telephone Number					
] [Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
i	Enclosed is a check for the follow	ving amount:						
(☐ \$25 Filing Fee	Q	\$55 Filing Fee & Certified Copy					
INHS18 (2/14)							

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.

I. Na	me of the limited liability company:	HOUSI	E R	RESTAURAN	T. LLC
2. (a)	4170 S. RIDGEWOOD AVE.	4170 S. RID	GEWOOD AVE.		
<u></u> (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	()	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX) 18. Ft. 32141
	EDGEWATER, FL 32141	_			IK (15 02141
	05/20/2015	_	ı	.15000089600)
3.	Date of filing/registration in Florida MCFALL, DAN E	4.		D	ocument number
5. (a)	Registered Agent and Registered Office shown on the records of t	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 650 SOUTH LAKEVIEW DRIVE				2023 DFC
	LAKE HELEN , FL	32744			
(b)	Registered Agents Inc				
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				PH 12: 26
	NEW Registered Office Address: 7901 4th St N Ste 300				
	St. Petersburg , FL	33702			
change agent v was/we the art	imited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of th registe bility of f the li limited	ne S erec cor imi His	d office and to mpany, it is hotelity of ted liability of ability compa	the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
/a/0	Beverly Staudler ture of a nomber or authorized representative of a member	Be	eve	rly Steudler	Printed or typed name of signee
I here provisi the obi to mer	hy accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ec to ac perfori l for in creby	ct i ma i Ci coi	in this warms	in I freether amon to comply with the
Signati	David Roberts ue of Registered Agent				