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(((H22000367308 3)))



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 \*\*Enter the email address for this business entity to be used for Future annual report mailings. Enter only one email address please.\*\* Email Address: LLC REGISTERED AGENT CHANGE MACARONI GRILL SERVICES LLC Certificate of Status

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000367308 3)))

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: Macaroni Grill S	Services LLC		
2 (a)		41.5		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note. MAY BE POST OFFICE BOX)	
	2000 S Colorado Blvd, Ste 400, Tower 2	5000	2000 S Colorado Blvd, Ste 400, Tower 2  Denver, CO, US, 80222	
	Denver, CO, US, 80222	Denv		
	11/13/2015	L15000	0192811	
٠.	Date of filing/registration in Florida	4.	Document number	
· ()				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CORPORATION SERVICE COMPANY		en a	
	Registered Office Address (MUST BE FLORIDA STREET 1201 HAYS STREET	"ADDRESS)	2022 OCT	
	TALLAHASSEE	32301	N) _	
(p)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> LEGALING CORPORATE SERVICES INC.	d Office address	ELEU SELFICATA	
	NEW Registered Office Address			
	476 Riverside Ave		<del></del>	
	Jacksonville	L_32202		
hange igent v vas/we he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the ease of a Florida limited last authorized by an affirmative vote of the members deles of organization or the operating agreement of the	e registered offic liability company of the limited lia e limited liability	ce and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in	
Signa	Nicola Trippa Signature of a member or authorized representative of a member		Printed or typed name of signee	
	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete gations of my position as registered agent as provided reflect a change in the registered office address, I in wraing of this change.	gree to act in this e performance of ed for in Chaptel hereby confirm	r 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signatu	tre of Registered Agent		(((H22000367308 3)))	