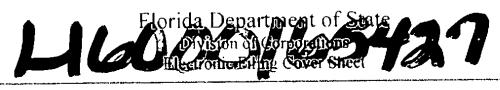
Division of Corporations



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.

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## MAPLE STREET BISCUIT RESTAURANTS, LLC

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JAN 23 2020

## 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	ame of the limited liability company: MAPLE STREET	r biscuit i	RESTAURAN	TS, LLC					
	340 Corporate Way Suite 300 Orange Park, FL 32073	(b)_	(b) 340 Corporate Way Suite 300 Orange Park, FL 32073						
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)							
	09/07/2016		16000165427	cument num					
3.	Date of filing/registration in Florida Hill, Alexandría V	4.	100	cument num	itiei				
5. (a)	Registered Agent and Registered Office shown on the records of	ept, of State:		TV.L NOBS	الـ 2020				
	Registered Office Address			ORETARY OF TALLAHASSEE	2020 JAN 22 PM 12: 30				
	Orange Park , FL 32073								
	C T Corporation System			STAT	2: 3	္က			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office udde			[-1				
	NEW Registered Office Address:		<del></del>						
	1200 South Pine Island Road								
	Plantation, FI	L. 33324							
the ch	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members tields of organization or the operating agreement of the	in the regist liability con of the limit	apany, it is he led liability of	ereby confirmation or a	med that the	change	(s)		
··· end	ather of a member or authorized representative of a member			inted or typed	name of signe	ť			
I here provi. the ob- to me notifi- By:	why accept the appointment as registered agent and agesions of all statutes relative to the proper and complete bligations of my position as registered agent as providually reflect a change in the registered office address, lead in writing of this change.  CT Corporation System Michael E. Jones - Assistant	led for in Ci I hereby coi	hapter 605, F afirm that the	ty. I further les, and I ar S. Or, if th Iimited liab	agree to co n familiar w is documen ollity compa	unply w eith and t is bein my has t	ith the accept g filed seen		

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