

Document Number Only

L96000000 / 215

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City State Zip Phone

CORPORATION(S) NAME

200002945142--2

-07/29/99--01056--011

****665.00 *****35.00

R.A.C. 105J L.C.

99 JUL 29 PM 4: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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7/29

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THANKS
Connie

52
7-29-99

Florida Department of State, Sandra B. Mortham, Secretary of State
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 limited liability company organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is: R.A.C. 105J L.C.

1b. The mailing address of the limited liability company is: Corporate Tax Dept., 18831 Von Karman, Suite 400, Irvine, CA 92612

1c. Date of filing/registration in Florida: 11/15/96 Document number: L96000001215

2. The name and address of the current registered agent and office:

Nancy Ryan

10800 Biscayne Blvd., Penthouse

Miami, Florida 33161

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

CT CORPORATION SYSTEM

1200 South Pine Island Road

Plantation, FL 33324

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TALLAHASSEE, FLORIDA

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

KOO KOO ROO, INC.

By: Todd E. Doyle
(Signature of ~~a member~~
authorized representative of a member)

July 15, 1999
(Date)

Todd E. Doyle, Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligation of my position as registered agent.

CT CORPORATION SYSTEM

107 Healy
(Signature of Registered Agent)

7-27-99
(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314