Document Number Only

2000000883

C T Corporation System

Requestor's Name

660 Fast Jefferson Street

Address
Tallahassee, FL 32301

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

Tallahassee, FL Phone ****665.00 *****35.00 State City CORPORATION(S) NAME 109 I () Merger () Profit () Amendment () NonProfit () Limited Liability Company () Mark () Dissolution/Withdrawal () Foreign () Other () Annual Report Change of R.A. () Limited Partnership () Reservation () Fictitious Name () Reinstatement () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem Pick Up () Call When Ready () Will Wait ¡

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W.P. Verifier

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 60 liability company organized under the laws of the Stat submits the following statement in order to change its	e of Florida
the State of Florida.	
1a. The name of the limited liability company is: R.A	.C. 109J L.C.
1b. The mailing address of the limited liability compa	nyis: Corporate Tax Dept., 18831 Von
Karman, Suite 400, Irvine, CA 92612	
1c. Date of filing/registration in Florida: 08/11/97	Document number: L97000000883
2. The name and address of the current registered ages	
Nancy Ryan	JUL 29 GRETAGO LAHASS
10800 Biscayne Blvd., Penthouse	FILED 17AXY OF 1ASSEE, I
Miami, Florida 33161	
3. The name and address of the new registered agent a	nd office: (P.O. BOX NOT ACCEPTABLE)
CT CORPORATION SYSTEM	
1200 South Pine Island Road	<u> </u>
Plantation, FL 33324	
After the change or changes are made, the street address of the registered agent will be identical. Such change was authorized by affirmative vote of a recompany or as provided in the articles of organization company. KOO KOO ROO, INC. Ry: (Signature of a member)	naiority of the members of the limited liability
Todd E. Doyle, Secretary (Printed ortyped name and title)	
Having been named as registered agent and to acc limited liability company, I hereby accept the appoint in this capacity. I further agree to comply with the proper and complete performance of my duties, and of my position as registered agent.	ntment as registered agent and agree to act he provisions of all statutes relative to the
CT CORPORATION SYSTEM	7-27-99
(Signature of Registerel Agent)	(Date)
Division of Corporations, P.O. Box	6327, Tallahassee, FL

FILING FEE: \$35.00

INHS18(3/95)

(FL015 - 6/23/98)