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| (Req | questor's Name) | | | | | |
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| (Add | lress) | | | | | |
| (Add | lress) | | | | | |
| (City | /State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bus | siness Entity Nar | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 14, 2018

Order#: 479833-088

Re: BOB EVANS TRANSPORTATION COMPANY, LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

 \overline{XX} File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

| 1. | Na | me of the limited liability company: BOB EVANS TR | ANSPO | RTATION C | COMPANY, LLC | |
|-------------------------------------|--------|---|---|--|--|-----------------------------|
| 2. | (a) | 8111 Smith's Mill Road | (b) | 2503 S. | . Hanley Road | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | Mailing address of limited liability co (Note: MAY BE POST OFFICE) | |
| | | New Albany, OH 43054 | - | St. Louis, | , MO 63144 | |
| | | 08/11/2000 | | M0000000 | 01602 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5. | (a) | C T Corporation System | | | | |
| • | (, | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept, of State | :: | |
| | | 1200 South Pine Island Road | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A. | DDRESS) | | • | |
| | | | | | | |
| | | Plantation .FL_ | 33324 | | | |
| | (b) | Corporation Service Company | | | 13 | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | ress: | , WE . | 1 |
| | | | | | { | . C.PA |
| | | 1201 Hays Street | | | - <u></u> | 1 |
| | | NEW Registered Office Address: | | | $\frac{\nabla}{\nabla} = \frac{\nabla}{\nabla}$ | コ |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | 25 10 | |
| | | Tallahassee , FL_ | 32301 | | | |
| the ag was the I is properly the to | Signal | mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the law decept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. | the regist bility con the limi imited li Jill C | tered office mpany, it is ted liability ability com ilmi, Author | e and the business office of the shereby confirmed that the charge company or as otherwise propany. rized Person Printed or typed name of signee arctive. I further agree to compile | registered ange(s) vided in |
| Si | gnatui | e of Registered Agent Corporation Service Company | BY: Ar | ni M. Cas _l | per, Asst. Vice President | |

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