## M0500000 6173

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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2014 JAN 22 PM 3: 14
SECRETARY OF STATE

JAN 2 7 2013 T. **HAMPTON** 



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: January 20, 2014

Order#: 960720-073

Re: OCB RESTAURANT COMPANY, LLC

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company	: OCB RESTAUR	ANT COMPANY, LLC	
2. (a) Principal office address of limited (Note: MUST BE STREET AD	liability company	405 Lancaster Avenue	
(Mile. MOST DE STREET/1D	DKESS)	Greer	SC 29650
AN Maritima addinas aftimizad tiabilia		1020 Discovery Road	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		Suite 100	
(:		Eagan, MN 55121	
11/04/2005		M05000006173	
3. Date of filing/registration in Florida		4. Document number	
5. (a) Registered Agent and Registered	Office shown on t	he records of the Florida	Dept. of State:
,, ,		C T CORPORATION SY	~ <u>-</u>
Registered Agent:			
Registered Office Address:		1200 SOUTH PINE ISLA	
		PLANTATION	S EL 38324
		- · · · · · · · · · · · · · · · · · · ·	THE T
(b) Enter name of NEW Registered	Agent and/or NEV	W Registered Office add	
NEW Registered Agent:		Corporation Service Com	<b>~≥</b> _
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee	FL 32301
		Tallariassee	,F_L_32301
If the limited liability company is not org confirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed the members of the limited liability company, the operating agreement of the limited liability company, it is hereby confirmed the members of the limited liability company.	es are made, the Flagent will be ident that the change(s) bany or as otherwightity company.	orida street address of th ical. Or, in the case of a was/were authorized by	ne registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person			
Printed or typed name of signee		<del></del>	
I hereby accept the appointment as reging comply with the provisions of all statutes and I am familiar with and accept the ob-Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited By:	stered agent and a s relative to the pro- digations of my po s being filed to me d liability compan	gree to act in this capact oper and complete perfoi sition as registered agen rely reflect a change in t y has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
XI COURT	rvice Company	Sylvia Queppet, Assista	nt Vice President

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