## M06000003519

(Requestor'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:

Office Use Only



100245657301

SUPPROCESS OF FILING

2019 WAR 13 PK 4: 43

SECRETARY OF STATE
MYTSION OF CORPORATION

2018 MAR 13 AM 8: 56

C. LEWIS MAR 1 4 2013 EXAMINER

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/13/13

NAME:

RESTAURANT SERVICE SOLUTIONS, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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 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: RESTAURANT SERVICE SOLUTIONS, LLC	
2. (a) Principal office address of limited liability company	2001 STANLEY GAULT PARKWAY
(Note: MUST BE STREET ADDRESS)	
	LOUISVILLE, KY 40223
(b) Mailing address of limited liability company:	2001 STANLEY GAULT PARKWAY
(Note: MAY BE POST OFFICE BOX)	M06000003519  4. Document number
June 23, 2006	M06000003519
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road
	Plantation, Florida 33324
(b) Enter name of NEW Registered Agent and/or NEV  NEW Registered Agent:  NEW Registered Office Address:	National Corporate Research, Ltd., Inc.  155 Office Plaza Drive
(MÜST BE FLORIDA STREET ADDRESS)	Tallanassee ,FL 32301
If the limited liability company is not organized under the le confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the professing agreement of the limited liability company.  Signature of a member of authorized representative of a member  MARK LOVE  Primed or typed name of signee  I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company	orida street address of the registered office cal. Or. in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of Registered Agent Mark Thomas, Assistant Secreta	hriv

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