mo6000006354

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





400255873754

01/22/14--01024--017 **25.00

2014 July 22 Pii 5: 26

B. BOSTICK

JAN 2 7 2014

EXAMINER



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

ÇĻ٦

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: January 20, 2014

Order#: 960720-040

Re: FIRE MOUNTAIN RESTAURANTS, 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: FIRE MOUNTAI	N RESTAURANTS, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 405 Lancaster Avenue	
(Note: MUST BE STREET ADDRESS)	Greer	SC 29650
(b) Mailing address of limited liability company:	1020 Discovery Road,	Suite 100
(Note: MAY BE POST OFFICE BOX)	Eagan, MN 55121	
11/16/2006	M06000006354	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	da Dept. of State:
Registered Agent:	CT CORPORATION SYSTEM	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION	_ FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		1 10
NEW Registered Agent:	Corporation Service Co	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of	the registered office
Dona Priebe, Authorized Person	_	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my pochapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companies:	igree to act in this capa oper and complete perf sition as registered age rely reflect a change in y has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office writing of this change.
Signature of Registered Agent Corporation Service Company	Sylvia Queppet, Assis	tant Vice President

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