Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

CNL RESTAURANT INVESTMENTS, LLC

| Certificate of Status | 0 |
|-----------------------|----------------------|
| Certified Copy | 0 |
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C. LEWIS

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EXAMINER

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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: CNL RESTA | URANT INVESTMENTS, LLC | |
|--|--|--|
| (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | orlando fl 32801 | |
| (b) Mailing address of limited liability company: (Nota: MAY BE POST OFFICE BOX) | 450 S. ORANGE AVENUE ORLANDO FL 32801 | |
| 03/07/2007 | M07000001341 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | GOOLIAR, DEVIM | |
| Registered Office Address: | 450 S. ORANGE AVENUE ORLANDO FL 3280? | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | |
| NEW Registered Agent: | C T Corporation System | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1200 South Pine Island Road | |
| | Plantation | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) Carolyn Craft Martin Authorized Representative (Printed or types member or agency) | | |
| I hereby accept the appointment as registered agent and a camply with the provisions of all statutes relative to the provisions of all statutes relative to the provision familiar with and accept the obligations of my position R.S. Or, if this document is being filled to merely reflect a confirm that the limited liability company has been notified by C.T. Conversion System. | • | |
| Division of Corporations) P.O. Bux | 6327, Tallahassee, FL 32314 | |
| Madonna Cudding FEE: | 6327, Tallahassee, FL 32314 | |
| thesis (05/08 Special Assistant Secretary | SSS | |

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