M09 00003970

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT
Please retain original filing date of submission 11/26

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EAT 503, LLC

Certificate of Status	0
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Page Count	03 04
Estimated Charge	$25.00

Attn: Gina McLeod

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G. McLEOD

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DURATION	00:00:37
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RESULT	OK
MODE	STANDARD ECM

TRANSMISSION VERIFICATION REPORT

TIME : 01/09/2013 10:18
NAME : CT CORPORATION
FAX : 8656336092
TEL : 8653423522
SER.# : BROK9J985188

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAT 503, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas J. Nehilla, Esquire
Name of Person

Rhoads & Sinon LLP
Firm/Company

One S. Market Square, 12th Fl.
Address

Harrisburg, PA 17101
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Nehilla, Esquire at (717) 231-6630
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

FL015 - 11/09/2012 Wolters Kluwer CCH Inc

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: EAT 503, LLC

2. (a) Principal office address of limited liability company: 56 Central Avenue, Suite 201, Asheville, NC 28801
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 56 Central Avenue, Suite 201, Asheville, NC 28801
(Note: MAY BE POST OFFICE BOX)

October 6, 2009
3. Date of filing/registration in Florida

M09000003970
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT Corporation System

Registered Office Address: 1200 South Pine Island Road, Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Hershey Creamery Company

NEW Registered Office Address: 1989 Jet Stream Drive, Orlando, FL 32824
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

EAT 503, LLC, by Hershey Creamery Company, Member

Signature of a member or authorized representative of a member

George Holder, President
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:
Signature of Registered Agent

FILED
12 NOV 26 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS18 (05/08)