To: Page 2 of 3

Division of Corporations



## Florida Department of State

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

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MAR 0 5 2018

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## LLC REGISTERED AGENT CHANGE CHEDDAR'S TEXAS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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MAR O 6 2018

**HONOR ORIGINAL DATE 03-01-18** 

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Nε	one of the limited liability company: CHEDDAR'S Ti	CAAS, L			
. (a)	1000 Darden Center Drive		(b) 1000 Darden Center Drive		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
	Orlando, FL, 32837	<del></del>	Orlando,	FL 32837	
	10/03/2012	<del></del>	M1200000	95536	
	Date of filing/registration in Florida	4.		Document number	
. (a)	LAW OFFICES OF MARC R. TILLER, P.A.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		ute:		
	Registered Office Address MUST BE FLORIDA STREET ADDRESS)		<del>-</del> -	SES SES	
	15310 AMBERLY DR STE 180	j.,	id is g	167	A A
	TAMPA , FI	33647	.736 /		5
		_	11		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	0.000		<del></del>	n = 0
	Enter name of NEW Revisiered Agent and/or NEW Revisiered	1 Quice a	daress:		
	C T Corporation System				06
	NEW Registered Office Address:	<del></del>		<del></del> ·	
	1200 South Pine Island Road			<del>_</del>	
	Plantation . FI	33324			
e chai ent w is/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members called of organization or the operating agreement of the	f the reg lability of of the line limited	istered office company, it mited liabili liability co	ce and the business of is hereby confirmed to ty company or as other	fice of the registered hat the change(s) erwise provided in
Signalı	me of a member or authorized representative of a member			i inited of typed name (	ofsignee

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