Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000094516 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

LLC REGISTERED AGENT CHANGE

Perkins Restaurant Development Company

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

gp.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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.

1. 1	Name of the limited liability company: Perkins Restaurant	t Dev	velopr	nent Compan	y, LLC			<b>-</b> .	
2. (a)			<b>(b)</b>						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mg	illing address of lin			<del>~~</del>	
	129 West Trade Street, Suite 1260			129 West Tri	ade Street, Suite 1	1260			
	Charlotte, NC 28202	_	-	Charlotte, NO	C 28202			<del>-</del>	
	01/10/2013		M	(1300000034	4				
3.	Date of filing/registration in Florida	4.		D	ocument numbe	er		-	
5. (a	Barry McCauley Jr.								
	Registered Agent and Registered Office shown on the records of the Flori  Registered Office Address (MUST BE FLORIDA STREET ADDRES  3312 NW Federal Highway						QD		
		14957	<del></del> -			•		귥	
	, FL_	-	<u> </u>				₽÷	₹	
(ъ)	C T Corporation System						SZ	<del>20</del>	٠
(4)	Enter name of NEW Registered Agent and/or NEW Registered C	)files	addr				SEE, FL	7 PM	ניכ
	NEW Registered Office Address:						SA A	÷:	
	1200 South Pine Island Road						₽ H	27	
	Plantation FL 3	3324	•						
the chi agent t was/wi the art	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable an enthorized by an affirmative vote of the members of igles of organization or the operating agreement of the limited and the contraction of the contraction of the limited and	he ro ility the l mite	gister complimite d liab	red office ar pany, it is he d fiability compa pility compa as M. Perkins	nd the business of the confirmed company or as of any.	office of the clinerwise pr	e registeret hange(s)		
	ture of a member or authorized representative of a member				inted or typed name				
JY. J	by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete paigations of my position as registered agent as provided jetly reflect a change in the registered office address, I held in writing of this change.  manufold System.	to a infortion for in reby	act in rmane n Cha r confi	this capacit e of my dut opter 605, F irm that the	vy. I further agr les, and I am fa S. Or, if this de limited liability	ree to comp miliar with ocument is ocumpany i	nly with the and accept being filed has been	•	
Da	re of Realified Agent nny Verdecchia, Jr. Asst. Secretary								

Division of Corporationse P.O. Box 6327e Tailahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)