## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000162223 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (850)222-1092 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.\*\*

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### LLC REGISTERED AGENT CHANGE RTM PHOENIX FUNDING, LLC

Certificate of Status	
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Electronic Filing Menu

Corporate Filing Menu

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#### COVER LETTER

		00111111111111				
	stration Section sion of Corporations					
SUBJECT:	RTM Phoenix Funding, LLC					
00000011	Nan	ne of Limited Liability Company				
Dear Sir or M	/adam:					
The enclosed	Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the following:				
Barbara Paiva						
	Name of Person					
American Tov	ver Corporation					
<u> </u>	Firm/Company					
111 Huntingto	n Avenuc					
	Address					
Boston, MA 0	2116					
	City/State and Zip Code					
E-mail a	address: (to be used for future ann	ual report notification)				
For further in	formation concerning this matter,	please call;				
Barbara Paiva		617 375-7500 at (				
	Name of Person	Area Code & Daytime Telephone Number				
_ 4	EET/COURIER ADDRESS:	MAH.ING ADDRESS:				
	tration Section	Registration Section				
	lon of Corporations	Division of Corporations				
	n Building	P.O. Box 6327				
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314				
Enclo	sed is a check for the following	amount:				
□ \$2:	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)						

# 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.

. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAX BE POST OFFICE BOX)
	400 N ASHLEY DR STE 3010		400 N AS	HLEY DR STE 3010
	TAMPA, FL 33602		TAMPA,	FL 33602
	2/12/2014		M1400000	1028
•	Date of filing/registration in Florida	<b>–</b> 4.		Document number
. (a)	Dawn Lemons			
	Registered Agent and Registered Office shown on the records of			te:
	Registered Office Address (MUST RE FLORIDA STREET	ADDRE	<u> </u>	
	400 N ASHLEY DR STE 3010			_
	TAMPA F	33602	!	
(b)	C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registere	d ОПСсе	address:	
	NEW Registered Office Address:	<del></del>	<u> </u>	
	1200 South Pine Island Road			- -
	Plantation . F	L 33324	<b>,</b>	
e chi	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Of, in the case of a Florida limited lere authorized by an affifmative vote of the members icles of organization or the operating agreement of the	f the re inbility of the le limite	gistered offic company, it limited liabili d liability cor	to and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
<u> </u>		<u>c</u>	lga Hinkel, Au	thorized Person
Signa here roviși	ture of a member or authorized representative of a member by accept the appointment as registered agent and agent of all statutes relative to the property of conditional and agent of my position as registered of the adjress of my position as registered of the adjress of in writing of this change.	ree to	act in this cap mance of my n Chapter 60	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed