

M14000001039

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0945

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
RESTAURANT SUPPLY CHAIN SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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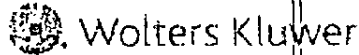
FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Ranae McGraw
DATE	2017-09-12 15:14:34 CST
RE	RESTAURANT SUPPLY CHAIN SOLUTIONS, LLC

COVER MESSAGE

Chris Rickard
 Senior Fulfillment Specialist
 CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restaurant Supply Chain Solutions, 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:

Donna Bauer

Name of Person

Restaurant Supply Chain Solutions, LLC

Firm/Company

950 Breckenridge Lane, Suite 300

Address

Louisville, KY 40220

City/State and Zip Code

will.dixon@rscs.com and donna.bauer@rscs.com

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

For further information concerning this matter, please call:

Will Dixon

at (502) 891-4731

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 (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.

1. Name of the limited liability company: Restaurant Supply Chain Solutions, LLC

2. (a) Principal office address of limited liability company: 950 Breckenridge Lane, Suite 300 Louisville, KY 40207 (b) Mailing address of limited liability company: 950 Breckenridge Lane, Suite 300 Louisville, KY 40207 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 02/12/2014 4. Document number: M14000001039

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CAPITOL CORPORATE SERVICES, INC. Registered Office Address: 155 Office Plaza Dr, Ste A Tallahassee, FL 32301 (MUST BE FLORIDA STREET ADDRESS)

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

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.

Signature of a member or authorized representative of a member

Shahreyar H. Khan Printed or typed name of signer

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 605, 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: C T Corporation System Signature of Registered Agent

James M. Halpin Assistant Secretary

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

FILED 2017 SEP 13 AM 11:50 DEPT. OF STATE TALLAHASSEE, FLORIDA