6/20/2019



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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (514)280-3338 Phone Fax Number : (954)208-0845

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## LLC REGISTERED AGENT CHANGE FIRST WATCH E&I RESTAURANT GROUP LLC

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JUN 21 2019

## 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.

Na	nne of the limited liability company: FIRST WATCH	E&1 RESTAU	JRANT GROUP LLC
(a)		o.	WAS CONTROL CONTROL THE AREA ALAS
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	UNIVERSITY PARK, FL 34201		NIVERSITY PARK, FL 34201
	05/07/2015	5.41	5000003564
	Date of filing/registration in Florida	4.	Document number
fal	CORPORATION SERVICE COMPANY		
(41)	Registered Agent and Registered Office shown on the records of 1201 HAYS ST	the Florida Dep	or, of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	'TAELARIACORI'		~
	TALLAHASSEE , FI	32301 	
,, ,			F) 120
(13)	finter name of NEW Registered Agent and/or NEW Registered	Office address	
	C T Corporation System		5. S.
	NEW Registered Office Address:	·	: 10
	1200 South Pine Island Road		1
	Plantation . FL	33324	
e cha ent w is/we arti- Signat herel	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of cles of organization or the operating agreement of the understanding agreement of the proper and complete on a fall statutes relative to the proper and complete systems of my position as registered agent and agreement of the proper and complete systems of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.  Angel Shearer	the registere ability composite limited liabi Imited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  WOLSZCZAK  Printed or typed name of signee  this capacity. I further agree to comply with the coffiny duties, and I am familiar with and accept