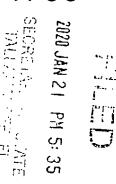
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CSC - WILMINGTON
251 Little Falls Drive '
Wilmington De 19808.

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 17, 2020

Order#: 143839-006

Re: NEWCO DINING, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.	Na	me of the limited liability company: NEWCO DINING	, LLC		
2.	(a)	2680 CRANE RIDGE DR	(b)	2680 Cf	RANE RIDGE DR
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		JACKSON, MS 39216	-	JACKSOI	N, MS 39216
		09/17/2015	_	M150000	07464
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
	(-)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	::
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
		PLANTATION, FL_	33324		2020 JAN 21 SECRETALIANAL
	(b)	Corporation Service Company			JAN 2
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Mice add	ress:	
		1201 Hays Street			PH SI
		NEW Registered Office Address:			35 : 35
		Tallahassee , FL	32301		
th ag w	e cha ent v as/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility con the limi	tered office mpany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		/S/ Klara Smith	Klara	Smith , Me	ember
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pr th to	ovisi e obl merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had d'in writing of this change.	e to act performa for in C ereby co	in this cape nce of my c hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
s	gnatu	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kir	by, Asst. Vice President

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

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	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		JACKSON, MS 39216	-	JACKSOI	N, MS 39216
		09/17/2015		M150000	07464
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
٥,	(α)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
1200 SOUTH PINE ISLAND ROAD					7.00 M
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	POZO JAN 21 ECKLIARA
					37 2 <u>T</u>
		PLANTATION , FL	33324	ļ	PH S.
	(b)	Corporation Service Company			35 35 FL
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee , FL	32301		
the ag	e cha ent v as/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	vs of the the reginability con f the lim	State of Flostered office ompany, it is its little of the state of the	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
		/S/ Klara Smith	Klai	ra Smith , M	ember
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pr th to	ovisi e obi mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act perform I for in (nereby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kir	by, Asst. Vice President

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