M17000001553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Account#: I20000000088

Date: 04/26/2017

Name: Marisa Kugelmann

Reference #: M089024

ENTITY NAME: BOB EVANS RESTAURANTS, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☑ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

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Authorized Amount: $25.00

Signature: MKugelmann

*115 North Calhoun Street, Suite #4, Tallahassee, FL 32301*
*Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200*
**Website:** *www.nationalcorp.com*

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bob Evans Restaurants, LLC**
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julintip Thirasilpa
Name of Person

Firm/Company

One Embarcadero Center Suite 3900
Address

San Francisco, CA 94111
City/State and Zip Code

jthirasilpa@goldengatecap.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

_____ at (_____) _____
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 ☐ $30 Filing Fee & Certificate of Status ☒ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: **Bob Evans Restaurants, LLC**

Enter new principal office address, if applicable: **8111 Smith's Mill Road**

***(Principal office address MUST BE A STREET ADDRESS)*** **New Albany, OH 43054**

Enter new mailing address, if applicable: **8111 Smith's Mill Road**

***(Mailing address MAY BE A POST OFFICE BOX)*** **New Albany, OH 43054**

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: **M17000001553**

3. Jurisdiction of its organization: **Delaware**

4. Date authorized to do business in Florida: **February 22, 2017**

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: _____
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
*Enter Florida Street Address*

_____, **Florida** _____
*City* *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
*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.*

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

_____
Signature of the authorized representative

**Joshua Cohen, President**

_____
Typed or printed name of signee

**Filing Fee: $25.00**