

4/16/2021



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000137569 3)))



H210001375693ABC1

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TALLAHASSEE, FL

Division of Corporations  
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**\*\*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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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.**

Certificate of Status	0
Certified Copy	0
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R. WHITE  
APR 15 2021

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Help

CSC TRANS01 4/14/2021 8:19:51 AM PAGE 2/010 Fax Server  
850-617-6381 4/6/2021 1:56:34 PM PAGE 1/001 Fax Server



April 6, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.  
1030 W CANTON AVE  
100  
WINTER PARK, FL 32789

SUBJECT: RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.  
REF: N05000010052

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There is a balance due of \$10.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H21000085350  
Regulatory Specialist II Supervisor Letter Number: 621A00007109

CSC TRANS01 4/14/2021 8:19:51 AM PAGE 3/010 Fax Server  
850-617-6381 3/3/2021 1:03:55 PM PAGE 1/001 Fax Server



March 3, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.  
1030 W CANTON AVE  
100  
WINTER PARK, FL 32789

SUBJECT: RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.  
REF: N05000010052

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H21000085350  
Letter Number: 121A00004568

CSC TRANS01                      4/14/2021 8:19:51 AM    PAGE    4/010    Fax Server  
850-617-6381                      4/8/2021 12:16:53 PM    PAGE    1/001    Fax Server



April 8, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.  
1030 W CANTON AVE  
100  
WINTER PARK, FL 32789

SUBJECT: RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.  
REF: N05000010052

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H21000137569  
Letter Number: 421A00007307



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Not for Profit Corporation* pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at [www.sunbiz.org](http://www.sunbiz.org). You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable.  
The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90<sup>th</sup> day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$8.75
Certificate of Status (optional)	\$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.

DOCUMENT NUMBER: N05000010052

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Szucs

(Name of Contact Person)

Ruth's Hospitality Group, Inc.

(Firm/ Company)

1030 W Canton Ave Ste 100

(Address)

Winter Park, Florida 32789-3050

(City/ State and Zip Code)

sszucs@rhgi.com

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

For further information concerning this matter, please call:

407-829-8756

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

RUTH'S HOSPITALITY GROUP EMPLOYEE RELIEF FUND, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000010052

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added;

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>President</u>	<u>David Hyatt</u>	<u>1030 W CANTON AVE</u> <u>Suite 100</u>
<input type="checkbox"/> Remove			<u>Winter Park, FL 32789</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>EVP</u>	<u>Michael Hynes</u>	<u>1030 W CANTON AVE</u> <u>Suite 100</u>
<input type="checkbox"/> Remove			<u>Winter Park, FL 32789</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>Treasurer</u>	<u>Stephen Szucs</u>	<u>1030 W CANTON AVE</u> <u>Suite 100</u>
<input type="checkbox"/> Remove			<u>Winter Park, FL 32789</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>SEC</u>	<u>Marcy Lynch</u>	<u>1030 W CANTON AVE</u> <u>Suite 100</u>
<input type="checkbox"/> Remove			<u>Winter Park, FL 32789</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>President/Director</u>	<u>Michael P. O'donnell</u>	<u>1030 W Canton Ave</u> <u>Suite 100</u>
<input checked="" type="checkbox"/> Remove			<u>Winter Park, FL 32789</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Secretary/Director</u>	<u>Alice G. Givens</u>	<u>1030 W CANTON AVE</u> <u>Suite 100</u>
<input checked="" type="checkbox"/> Remove			<u>Winter Park, FL 32789</u>

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s)** **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 3/15/21

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ERIK JENKINS  
(Typed or printed name of person signing)

VICE President Operations  
(Title of person signing)