

N116000000 11645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

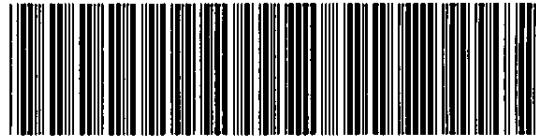
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000298387370

RECEIVED
DEPARTMENT OF STATE
17 MAY 19 AM 11:08 / MAY 19 7:30:05

Flachy

MAY 22 2017

R. WHITE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 649848 118289A

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : May 18, 2017

ORDER TIME : 10:08 AM

ORDER NO. : 649848-015

CUSTOMER NO: 118289A

CHANGE OF AGENT

NAME: RALLY'S ADVERTISING
COOPERATIVE ASSOCIATION OF
TOLEDO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RALLY'S ADVERTISING COOPERATIVE ASSOCIATION OF TOLEDO, IN
Name of Corporation

DOCUMENT NUMBER: N16000011645

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristina Merritt

Name of Contact Person

Checkers Drive-In Restaurants, Inc.

Firm/Company

4300 W. Cypress Street, Suite 600

Address

Tampa, FL 33607

City/State and Zip Code

merrittk@checkers.com

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

For further information concerning this matter, please call:

Kristina Merritt

813

283-7164

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RALLY'S ADVERTISING COOPERATIVE ASSOCIATION OF TOLEDO, INC.
2. The principal office address: 4300 WEST CYPRESS STREET, SUITE 600, TAMPA, FL 33607
3. The mailing address (if different): 3001 N. ROCKY POINT DR E, SUITE 200, TAMPA, FL 33607
4. Date of incorporation/qualification: January 1, 2017 Document number: N16000011645
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHRIS MUNYON

4300 WEST CYPRESS STREET, SUITE 600

TAMPA

FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

RICK BOVENZER, SECRETARY

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: 

Signature of Registered Agent

5/19/17

Date

If signing on behalf of an entity:

Melissa Zender

Asst. Vice President

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)