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R - 4 2018

I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 143456 118289A

7

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 2, 2018

ORDER TIME : 9:51 AM

ORDER NO. : 143456-005

CUSTOMER NO: 118289A

CHANGE OF AGENT

NAME: CHECKERS ADVERTISING

COOPERATIVE ASSOCIATION OF

TALLAHASSEE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

Amendment Section Division of Corporations TO: Checkers Advertising Cooperative Association of Tallahassee, Inc. SUBJECT: Name of Corporation N17000012302 DOCUMENT NUMBER: 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, Manager, Legal Services Name of Contact Person Checkers Drive-In Restaurants, Inc. Firm/Company 4300 W. Cypress St. Ste. 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 Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of Florida of florida of files	
	0	s Advertising Cooperative Association of Tallahassee, Inc.	
	•	st Cypress Street, Ste. 600, Tampa, FL 33607	
3. The mailing a	ddress (if different): 300	1 N. Rocky Point Dr. E., 200, Tampa FL 33607	
4. Date of incorp	poration/qualification: 12	2/12/2017 Document number: N17000012302	
	street address of the cur tment of State: (If resign	rent registered agent and registered office on file with the ed. enter resigned)	
	Chris Munyon		
	4300 West Cypress Str	eet, 600	
	Tampa, FL 33607		
6. The name and (if changed):	Street address of the new registered agent (if changed) and /or registered office		
	Corporation Service Co	mpany	
1201 Hays Street			
	Tallahassee	P.O. Box NOT acceptable FL 32301	
	- I dilatiassee	FL 32301	
The street addre as changed will	ess of its registered office be identical.	e and the street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution board, or the corporation	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	
Signatur	re of an officer or director	Printed or typed name and utle	
I further agree to performance of agent. Or, if this hereby confirm. Opporation By:	to comply with the provis my duties, and I am fam is document is being files	stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete iliar with and accept the obligation of my position as registered d merely to reflect a change in the registered office address, I been notified in writing of this change. U Date	
-	half of an entity:	Roxanne Turner	
J 13		Asst. Vice President	
Ту	ped or Printed Name		

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

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