N1800000 3483

| (Req | uestor's Name) | _ |
|---------------------------|------------------|-----------|
| (Add | iress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nam | e) |
| (Doc | cument Number) | |
| Certified Copies | | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALL MINESSEE, FL

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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: Ami Casper ami.casper@cscglobal.com

Date: April 22, 2019

Order#: 735039/010

Re: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

| statement of cha | inge is submitte | d for a corporation | 17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of t | Florida | |
|---|--|--|---|----------------------|--|
| 1. The name of t | the corporation: | CHECKERS ADV | ERTISING COOPERATIVE ASSOCIATIO | ON OF CHICAGO, INC. | |
| 2. The principal | . The name of the corporation: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF CHICAGO, INC. 2. The principal office address: 3001 N. Rocky Point Drive E. 200, Tampa, FL 33607 | | | | |
| 3. The mailing a | ddress (if differ | rent): | | | |
| 4. Date of incorp | ooration/qualific | cation: 03/28/2018 | B Document number: N18000 | 0003483 | |
| | | of the current regist (If resigned, enter r | tered agent and registered office on file w resigned) | ith the | |
| | Chris Munyon | | | | |
| | | | | | |
| | Tampa, FL 33 | 2607 | | P P ** | |
| 6. The name and (if changed): | l street address (| of the new registere | ed agent (if changed) and /or registered of | 25 PH | |
| | Corporation Se | ervice Company | | 4 6: 23 | |
| | 1201 Hays Str | eet | | 23 L | |
| | | P.O. B | ov NOT acceptable | | |
| | Tallahassee | | FL 32301 | | |
| The street addre as changed will | ess of its registe be identical. | red office and the | street address of the business office of it | s registered agent, | |
| Such change wa authorized by th | s authorized by the board, or the | resolution duly ac corporation has be | dopted by its board of directors or by an een notified in writing of the change. | officer so | |
| TS | your M | | Syam Thotakura, Treasurer | | |
| Signati | of an officer of dir | ector | Printed or typed name and titl | ie | |
| I further agree to performance of to agent. Or, if this hereby confirm t | o comply with t my duties, and is document is b | the provisions of ail I am familiar with being filed merely t ation has been noti | ent and agree to act in this capacity, ll statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offic ified in writing of this change. | i as registered | |
| By: Clu | MXe | 4 | 04/22/2019 | | |
| Sign | nature of Registered a | Agent | Date | | |
| If signing on bel | nalf of an entity | <i>/</i> : | | | |
| Ami M. Casper, | Asst. Vice Pres | sident | | | |
| Ty | ped or Printed Name | · | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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