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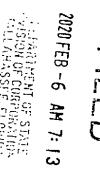
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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MAR 0 3 2020 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: February 4, 2020

Order#: 169342/005

Re: CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Matthew Ermak 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

	provisions of sections 607.0502 inge is submitted for a corporat						
	r to change its registered office						
1. The name of t	the corporation: CHECKERS AL	OVERTISING	COOPERAT	IVE ASSOCI	ATION OF BU	JFFAL(D, INC.
	office address: 4300 WEST CY						
							_
3. The mailing a	ddress (if different): 3001 N RC	OCKY POINT	DR E, STE 2	00, TAMPA,	FL 33607		_
	poration/qualification: 10/30/20			umber: N19			
5. The name and	d street address of the current re timent of State: (If resigned, ent	gistered agent	and registered	d office on fil	e with the	7020 FEB	
	MUNYON, CHRIS				にいる。	837 837	
	4300 WEST CYPRESS STR	EET, STE 600)		- NASSE	9-	m
	TAMPA		FL	33607	E. F. C.	圣	Ö
6. The name and (if changed):	l street address of the new regis	-	changed) and	l/or registere	를스키 d office	7: 14	
	Corporation Service Compan	<u>y</u>					
	1201 Hays Street		<u>-</u>				
	T 0 1	P.O. Box NOT	•	00004			
	Tallahassee		FL	32301			
The street address changed will	ess of its registered office and the identical.	lne street addr	ess of the bus	siness office	of its registere	ed agen	t,
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	y adopted by a s been notified	its board of d I in writing o	lirectors or by If the change.	/ an officer so	1	
Will	in Monre	Bill	Nowak, Pres	sident			
Zištistii	re of an officer or director		Printe	ed or typed name a	and little		-
I further agree of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of all and acceping filed merely to reflect a chos been notified in writing of this Service Company	of all statutes of the obligati inge in the res	relative to the on of my posi	e proper and ition as regis	complete perj tered agent. (tereby confirm	forman Or, if th that th	ce us ie
By: エル	vaca Cokuble	01.	/30/2020				-
	nature of Registered Agent\ shalf of an entity:			Date			
Grace E. Kirbv.	Asst. Vice President						
	yped or Printed Name						

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