

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	444			
Email	Address:			

REGISTERED AGENT CHANGE CHAIN RESTAURANT TOTAL REWARDS ASSOCIATION, INCA

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A. RAMSEY

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COVER LETTER

TO: Amendment Section Division of Corporations

CHAIN RESTAURANT TOTAL REWARDS ASSOCIATION, INC.
SUBJECT: Name of Corporation
DOCUMENT NUMBER: N48261
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:
Alicia Richards
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alicia Richards 31,6888 \705-7274
Name of Contact Person at (888) 705-7274 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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

→ 18506176380

statement of cha	provisions of sections 607.0502, nge is submitted for a corporation to change its registered office o	on organized w	ider the la	vs of the State of _	Florida	
2. The principal	the corporation: CHAIN RES office address: 330 W. 38 ork, NY 10018				SSOCIATION, IN	IC
_	ddress (if different):					
4. Date of incorp	oration/qualification: 4/3/1!	992	Document	number: N482	261	
	street address of the current reg tment of State: (If resigned, ente CORPORATION	r resigned)	_			
	1201 HAYS STREET	OLIVI	<u> </u>	<u> </u>	125 F	
	TALLAHASSEE		FL	32301-2525	2025 FEB 27 F	
6. The name and (if changed):	street address of the new registered Agent					
	2894 Remington Gr				-	
	Tallahassee	P.O. Box NOT a			-	
The street addre	ss of its registered office and the identical.	ne street addres	s of the bu	siness office of it	s registered agent.	
Such change wa authorized by th	s authorized by resolution duly board, or the corporation has	adopted by its been notified	board of a	directors or by an of the change.	officer so	
Ist Theresa Signatur	Schnelle e of an officer or director	T <u>he</u>		Schnelle ed or typed name and the	Treasurer	
l further agree t of my duties, an docúment is bei	the appointment as registered a o comply with the provisions o d I am familiar with and accep ng filed merely to reflect a char been notified in writing of this	f all statutes re t the obligation uge in the regis	e to act in lative to th of my pos tered offic	this capacity, we proper and com ition as registered e address, I hereb	aplete performance d agent. Or, if this by confirm that the	
Mo	سعين طال	02	2/27/20)25		
-	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	r, Assistant Secretary					
13	ped or Printed Name * * * FIL	ING FEE: \$3	5.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)