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Requestor's Name 660 East Jefferson Sti		The state of the s			
Address Tallahassee, FL 3230	01 222-1092				
City State Zip	Phone				
CORPORA	ATION(S) NAME	=======================================	1000024 102/02/9 ******35	16499 801060- .00 ****	·吸.oc
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() Call When Ready () Walk In () Mail Out	() Call if Pro () Will Wait	oblem	() After 4:30 () Pick Up)	
Name Availability Document Examiner Updater Verifier Acknowledgment W.P. Verifier	Please Return Extra File Stamped. Thank	- ,	CINISION OF CORPORATION		

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Hard Rock Cafe International Foundation,
Inc.
1b. Date of incorporation January 27, 1995 Document numbe
2. The name and address of the current registered agent and office:
F&L Corp.
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332
The street address of its registered agent 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. Leslie O. Jones, Secretary
SIGNATURE (Type or printed name and title) DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. C T CORPORATION SYSTEM SIGNATURE BY: WAY R. A.
Mary R. Adams, Assistant Secretary (Registered Agent)
DATE 1-29-98
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)