203000111200

(R	lequestor's Name)		
(A	ddress)		
(Á	ddress)	·-	
<u>(C</u>	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name)		
(Document Number)			
ertified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			
		 	

Office Use Only







CT CORP

(850) 656-4724 3558 lakesore Drive Tallahassee, FL 32312

D	ate:	10/25/2023	- wil SW
		Acc#I20160000072	and of the second
Name:	Reno's Spor	ts Grill, Inc.	
Document #:			
Order #:	15187471		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		Country of Destination:	
Apostille/Notarial Certification:		Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:	✓	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	35.00	

Thank you!

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

	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Florida	
	office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Reno's Spo	orts Grill, Inc.	
2. The principal office address: 5393 ROOS	EVELT BLVD, SUITE #6, JACKSONVILLE, FL 32210	
- ' ' 	08/2003 Document number: P03000111200	
	ent registered agent and registered office on file with the	
F & L CORP		
ONE INDEPENDENT DR	ONE INDEPENDENT DRIVE SUITE 1300	
JACKSONVILLE, FL 322	JACKSONVILLE, FL 32202	
6. The name and street address of the new (if changed):	registered agent (if changed) and /or registered office	
C T Corporation System		
1200 South Pine Island Ro	ad	
Discoult - Plant - 22224	P.O. Box NOT acceptable	
Plantation, Florida 33324		
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,	
Such change was authorized by resolution authorized by the board, or the corporation	n duly adopted by its board of directors or by an officer so on has been notified in writing of the change.	
Chila a Mahns	Charles Mahns / President Printed or typed name and little	
I hereby accept the appointment as regist I further agree to comply with the provist of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing CT Corporation System	tered agent and agree to act in this capacity. ions of all statutes relative to the proper and complete performanc accept the obligation of my position as registered agent. Or, if thi a change in the registered office address, I hereby confirm that the	
John Flynn Stynsture of Registered Agent	10/24/2023	
•	Date	
If signing on behalf of an entity:		
John Flynn, Assistant Secretary		
Typed or Printed Name	* FILING FEE: \$35.00 * * *	
	YABLE TO FLORIDA DEPARTMENT OF STATE	
MAIL TO: DIVISION OF COR	PORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (04/13)

By:

1006 - 06/19/2020 Wolters Kluwer Onland