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(((H18000320514 3)))



H180003205143ABCY

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To:

Division of Corporations

fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

: (888)705-7274

: (888)796-7274

Fax Number

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

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NOV 08 2018

REGISTERED AGENT CHANGE EARL'S RESTAURANT (DADELAND) INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Earl's Restaurant (Dadeland) Inc.

Name of Corporation

DOCUMENT NUMBER: P12000085211

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo
Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617.0 hange is submitted for a corporation or der to change its registered office or reg	ganized under the law	vs of the State of 🗜	lorida		
2. The principa	f the corporation: Earl's Restau al office address: 425 CARRAL OUVER, BC V6B 6E3 C	L STREET,				
3. The mailing	address (if different):					_
4. Date of inco	orporation/qualification: 10/5/201	2 Document r	number: P1200	00085211		
	nd street address of the current registere artment of State: (If resigned, enter resigned C T CORPORATION	gned)		th the		
	1200 SOUTH PINE ISLAND F	ROAD				
	PLANTATION	FL	33324		20 20 20	
6. The name at (if changed)	nd street address of the new registered a):	ngent (if changed) and	l /or registered offi	ice ###	NOV 7	FILE
	Registered Agent Solutions	s, Inc.		- 	*	3
	155 Office Plaza Dr., Suite	A		7	යි ම	
		NOT acceptable			3	
	Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·				
The street add as changed wi	ress of its registered office and the stre ill be identical.	ect address of the bus	siness office of its	registered ager	nt,	
Such change v authorized by	was authorized by resolution duly adop the board, or the corporation has been	ted by its board of di notified in writing o	irectors or by an of the change.	fficer so		
1s1 Stan	ley Fulles	Stanley F	uller	President	t	
I hereby accep I further agree performance d agent. Or. if t	of the appointment as registered agent to the appointment as registered agent to comply with the provisions of all so of my duties, and I am familiar with an his document is being filed merely to r in that the obsporation has been notifie	and agree to act in t tatutes relative to the d accept the obligati reflect a change in th	z proper and comp on of my position (e registered office	olete as registered		
	y C	10/11/201				
	ignante of Registered Agent behalf of an entity:		Date			
Justine Kar	v rnell - Assistant Secretary					
 	Typed or Printed Name					
	* * * FILING	FEE: \$35.00 * * *				