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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

S TALLENT

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

NOV 08 2018

REGISTERED AGENT CHANGE EARL'S RESTAURANT (MILLENIA, FL) INC.

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Earl's Restaurant (Millenia, FL) Inc.

Name of Corporation

DOCUMENT NUMBER

P14000084802

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

.888

705-7274

Name of Contact Person

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 c	ne provisions of sections 607.0502, 617 hange is submitted for a corporation o	organized under the laws of	the State of Flo	orida	
	der to change its registered office or re			rida.	
	of the corporation: Earl's Resta				
• •	al office address: 425 CARRA				
VANC	OUVER, BRITISH COL	<u>UMBIA 66300 C</u>	CA		
3. The mailing	g address (if different):		- · · · · ·		
4. Date of ince	orporation/qualification: 10/14/20	014 Document numl	ber: P14000	0084802	
5. The name a	and street address of the current registe	red agent and registered of	fice on file with	the	
Florida Dep	partment of State: (If resigned, enter re-				
	C T CORPORATI	ON SYSTEM	 	27) ab	
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL 3	3324	NOV -7 PH	
6. The name a (if changed	and street address of the new registered):	l agent (if changed) and /or	registered office	7 PH 8-12	
	Registered Agent Solution	ns, Inc.		4 y	
	155 Office Plaza Dr., Suit	e A		1	
		NOT acceptable			
	Tallahassee, FL 32301				
The street add as changed w	fress of its registered office and the st ill be identical.	treet address of the busines	ss office of its re	egistered agent,	
Such change authorized by	was authorized by resolution duly add the board, or the corporation has bee	opted by its board of direct in notified in writing of the	ors or by an offi change.	icer so	
/s/ Star	ley Fuller	Stanley Full	er	President	
I hereby acce I further agre performance agent. Or, if	pt the appointment as registered agentie to comply with the provisions of all of my duties, and I am familiar with a this document is being filed merely to m that the corporation has been notified.	nt and agree to act in this of statutes relative to the pro- ind accept the obligation of reflect a change in the re- fied in writing of this chang	capacity, oper and comple of my position as gistered office a	registered	
	Signature of Registered Agent	10/11/2018	Date		
	behalf of an entity:				
Justine Ka	rnell - Assistant Secretary				
	Typed or Printed Name	T DELP. AGE OS			
	* * * FILING	G FEE: \$35.00 * * *			