

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

SEP 1 9 2013

Email Address:

REGISTERED AGENT CHANGE MARYLAND FRIED CHICKEN OF ORLANDO, INC.

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Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida and organized under the laws of the State of	·	
		registered agent, or both, in the State of I	Florida.	
1. The name of	the corporation: Maryland Fried Cl	hicken of Orlando, Inc.	<u>. </u>	
2. The principal	office address: 5003 EDGEWATE	ER DRIVE		
ORLANDO,	FL 32810			
3. The mailing	address (if different); P.O. Box 823		<u> </u>	
Winter Parl	k, FL 32790			
4. Date of incor	poration/qualification: 07/31/2017	Document number: P170000	064257	
	d street address of the current regis rtment of State: (If resigned, enter Manuel Socias, P.A.	stered agent and registered office on file w resigned)	ith the SEC	
			SEP ELLA	1
	822 Menendez Court		8	1
	ORLANDO, FL 32801		AM. SSE	M
6. The name an (if changed):	_	ed agent (if changed) and for registered of	m	O
	Registered Agents Inc.	***	7	
	3030 N. Rocky Point Dr. ST	TE 150A		
	P.O. E Tampa FL 33607	Box NOT acceptable		
	Tampa i E 33007			
The street addr as changed will	ess of its registered office and the l be identical.	street address of the business office of it	s registered agent,	•
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
_au	ure of an ollicer or director	Allison Edwe	Preside	ent
I further agrée performance of agent. Or. if th	to comply with the provisions of a my duties, and I am familiar with	tent and agree to act in this capacity. all statutes relative to the proper and com i and accept the obligation of my position to reflect a change in the registered offic tified in writing of this change.	i as registered	
Bec Han	~~	9/12/2018		
Sig	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Bill Havre				
1	yped or Printed Name	-		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *