## P39240

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600261647356

06/25/14--01028--004 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATION

C. LEWIS
JUL 11 2014
EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmesl@cscinfo.com

Date: June 23, 2014

Order#: 164916-015

Re: RESTAURANT SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Holmes c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corpo	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or ation organized under the laws of the State of Delaware	<del></del>
		fice or registered agent, or both, in the State of Florida.	•
1. The name of	the corporation: RESTAURA	ANT SERVICES, INC.	
2. The principal	office address: 5200 Blue L	agoon Drive, Sulte 300, Miami, FL 33126	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/15	5/1992 Document number: P39240	
	d street address of the current rtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	Corporation Service Comp	pany	
	1201 Hays Street		TA JUI
	Tallahassee	FL 32301	Nision or co
5. The name and (if changed):	d street address of the new re	egistered agent (if changed) and /or registered office	N 25 PH 12:
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	PH12: hh
1200 South Pine Island Road P.O. Box NOT acceptable			
The street addre is changed will	ss of its registered office and be identical.	d the street address of the business office of its registered a	agent,
Such change wa authorized by th	s authorized by resolution de byard, or the corporation i	halve adopted by its board of directors or by an officer so has been notified in writing of the change.	بد ،
	o of an officer or director	locle (letratto N, &	sistan uctan
hereby accept if further agree to verformance of i gent. Or, if this ereby confirm t	the appointment as registere o comply with the provision: my duties, and I am familiar s document is being filed me that the corporation has bee	ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete rwith and accept the obligation of my position as registere erely to reflect a change in the registered office address, I en notified in writing of this change.	d
Зу:	Defe Bep	6/18/2014	
-	ature of Registered Agent nalf of an entity:	Date	
Ů Ľ	la Byers		
Ту	ped or Printed Name		

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