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Addr	ess					 

Tallahassee, FL 32301 222-1092
City State Zip Phone

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**CORPORATION(S) NAME** 

RPM Pestauran	t Operating Con	97 JUL 18 PH 2 28 SECRETARY OF STATE TALLAHASSEE FLORIDA
()Profit ()NonProfit () Limited Liability Co.	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal	() Mark
( ) Limited Partnership ( ) Reinstatement	() Annual Report () Reservation	() Other UCC Filing () Fic. Name
() Certified Copy	() Photo Copies	() CUS
() Call When Ready Walk In () Mail Out	() Call if Problem	() After 4:30 Pick Up
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CR2E031 (1-89)

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is:— RPM Restaurant Operating Corporation 1b. Date of incorporation 11/01/94 Document number . P94000079944 (2) 2. The name and address of the current registered agent and office: Michael B. Walker, Esq., c/o Wampler, Buchanan & Breen P.A. 33131 900 Sun Bank Building, 777 Brickell Avenue Miami, FL 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Robert M. Murphy, Vice President Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED

PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: Len M. Horan, (Registered Agent)

ABST. Secy DATE

AUL 17, 1997

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-

CR2E045 (7-91)

/FT.A. - 2194 - 3/4/921

TOTAL P.02

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FILING FEE: \$35.00

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