P9600026674

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Catalian Line)					
(Document Number)					
Certified Copies Certificates of Status					
-					
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To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 123$.

Sincerely,

Carmen Dixon Corporate Services Manager

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

	the provisions of sections 6 nt of change is submitted for la in order to chang	a corporation org	•	he State of
of Florida.				
1. The name	of the corporation: GREEN BF	ROTHERS DINING INC	<u></u>	
2. The princi	pal office address: 425 East Ea	au Gallie Corse Way, Mel	bourne, Florida 32901	
3. The mailir	ng address (if different): 6040	Dutchmans Lane, Suiat	e 400, Louisville, Kentucky 40205	
4. Date of inc	corporation/qualification:	March 26, 1996	Document number:	P96000026674
	and street address of the cure partment of State:	rent registered ager	nt and registered office on	file with the
	C T Corporation System			-
	1200 South Pine Island Road			ALL SEC
	Plantation, Florida 33324		·	AHA AHA
6. The name changed):	and street address of the r	new registered age	nt (if changed) and /or re	egister of ice (if
	526 E. Park Avenue (P.O. Bo	x or personal mailbox NOT	acceptable)	OI DRIDA
	Tallahasse, Florida 32301			
The street ad	ldress of its registered officinged will be identical.	e and the street add	lress of the business offic	e of its registered
1	was authorized by resolutive the board, or the corporation	on duly adopted b ion has been notific	•	
	licer, chairman or vice chairman of the b	oard)	By: Sheila C. Brown, Sec (Printed or typed name and title)	
	ept the appointment as regise to comply with the provise of my duties and I am famigent. Or, if this document is set, I hereby confirm that the			
('ac	(Signature of Registered Agent)	·	10/3/03	
If signing on be	chalf of an entity:		·	
- -	Carmen Dixon		Assistant Secretary	
(Typed or Printed Name)			(Capacity)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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