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TM/SM OWNER NAME CHANGE

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LANDERON N.C

N. CAUSSEAUX

FEB 1 6 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	VECT: Bloomin' Onion	
		Name of Mark)
	nclosed Certificate of Change of Name of th ce Mark Registration and fee(s) are submitte	e Registrant or Applicant of a Florida Trademark and/ord for filing.
Please	e return all correspondence concerning this r	natter to:
Kell	ly Braun Lefferts	
	(Contact Person)	
Out	back Steakhouse of Florida	, LLC
	(Firm/Company)	
220	2 N. West Shore Blvd., 5th	Floor
	(Address)	.
<u>Tar</u>	npa, FL 33607	
	(City, State and Zip Code)	
For fi	urther information concerning this matter, pl	ease call:
Dol	orene Sackman	at (_813) 282-1225, Ex. 1358
	(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclo	osed is a check for the following amount:	
√	\$50 Filing Fee and Certificate of Registration (Free of Charge)	\$102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge)
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF CHANGE OF NAME OF THE REGISTRANT OR APPLICANT OF A FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1.	Nam	ie of Mark: Bloomin' Onion
2.	Regi	istration Number: T11138
3.	Date	of Registration: 6/6/89
4.	a.	Name of owner as it appears on the trademark/service mark registration:
		Outback Steakhouse of Florida, Inc.
	b.	Address of owner as it appears on the trademark/service mark registration:
	•	550 North Reo Street, Suite 204
		Tampa, FL 33609
5.	a.	New name of owner:
		Outback Steakhouse of Florida, LLC ムックーし2名18
	b.	New mailing address, if applicable:
		2202 N. West Shore Blvd., 5th Floor
		Tampa, FL 33607

SIGNATURE:			
Owner's Signature:	_		
Typed/Printed Name of Person Signing: Kelly Braun Lefferts	_		
	٠ -		
STATE OF Florida	当三		
COUNTY OF Hillsborough	- '		
On this day of February , 20 09.	P. 331		
Kelly Braun Lefferts			
(Enter Name of Person Signing Above)			
Personally appeared before me, who is personally known to me or whose identity I			
proved on the basis of			
· (Seal) Thloung on Sachmon			
DOLORENE M. SACKMAN Commission DD 746464 Expires February 9, 2012 Bonded Thru Troy Fath Insurance 800-385-7019			
Dolorene M. Sackman			
Notary Public's Printed Name			
My Commission Expires: Feb. 9, 2012			
(Attach additional sheet if necessary)			
Filing fee: \$50.00 Certificate of Registration: Issued Free of Charge Certified Copy (optional): \$52.50			

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