

Filing Fee: \$75.00

ID Number: 82915



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

**APPLICATION FOR
AMENDED CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is CBOCS, INC.

2. It is incorporated under the laws of TENNESSEE

3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 2/1/1995, authorizing it to transact business in Rhode Island under the name of:

4. The corporate name of the corporation has been changed to CRACKER BARREL OLD COUNTRY STORE, INC.

(If no change, so indicate.)

5. The name, if different, which it elects to use in Rhode Island is:

(a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

(b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:*

6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

(If no other or additional purposes are proposed, insert "No Change.")

NO CHANGE

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CORPORATIONS DIV
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7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (if there has been no increase in shares, insert "no change"):

<u>Total Number of Authorized Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or Statement that Shares are without Par Value</u>
NO CHANGE			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ _____.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ _____.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is _____%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ _____.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ _____.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is _____%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.
11. This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 3/7/2012

Michael J. Zylstra
Signature of Authorized Officer of the Corporation

Michael J. Zylstra
Type or Print Name of Authorized Officer



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
STE B
992 DAVIDSON DR
NASHVILLE, TN 37205-1051

February 29, 2012

Request Type: Certificate of Existence/Authorization

Request #: 0060121

Issuance Date: 02/29/2012

Copies Requested: 1

Document Receipt

Receipt #: 649066

Filing Fee: \$20.00

Payment-Check/MO - CFS, NASHVILLE, TN

\$80.00

Regarding: Cracker Barrel Old Country Store, Inc.

Filing Type: Corporation For-Profit - Domestic

Control #: 7744

Formation/Qualification Date: 10/16/1969

Date Formed: 10/16/1969

Status: Active

Formation Locale: WILSON COUNTY

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Cracker Barrel Old Country Store, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 000539316



STATE OF TENNESSEE
Tre Hargett, Secretary of State
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February 29, 2012

Control # 7744

Effective Date: 12/21/2011

Receipt # : 649070

Filing Fee: \$20.00

CERTIFICATE OF NAME CHANGE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **CBOCS, INC.** were filed in this office on the effective date noted above, changing the name to **Cracker Barrel Old Country Store, Inc.**

A handwritten signature in black ink that reads "Tre Hargett".

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

