

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000111945

FILED
Apr 04, 2013
Secretary of State

Entity Name: JAX MOBILE WAITERS, LLC

Current Principal Place of Business:

3161 ST. JOHNS BLUFF ROAD
SUITE #2
JACKSONVILLE, FL 32246

New Principal Place of Business:

4161 CARMICHAEL AVE
SUITE #139
JACKSONVILLE, FL 32207

Current Mailing Address:

3161 ST. JOHNS BLUFF ROAD
SUITE #2
JACKSONVILLE, FL 32246

New Mailing Address:

4161 CARMICHAEL AVE
SUITE #139
JACKSONVILLE, FL 32207

FEI Number: 45-3473117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDY, AUSTIN F
3161 ST. JOHNS BLUFF ROAD
SUITE #2
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

CASSIDY, AUSTIN F
4161 CARMICHAEL AVE
SUITE #139
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AUSTIN CASSIDY

04/04/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CASSIDY, AUSTIN F
Address: 4780 SEASCAPE WAY #106
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR
Name: CASSIDY, COLLIN P
Address: 10000 GATE PARKWAY #713
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: WILLIAMS, DEON
Address: 4161 CARMICHAEL AVE, SUITE #139
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AUSTIN CASSIDY

MGR

04/04/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date