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**M04000004939**

04:36:49 p.m. 02-26-2015

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H150000506473)))



H150000506473ABC

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

managereports@incorp.com

LLC REGISTERED AGENT CHANGE  
JASON PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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15 FEB 27 AM 10:00

SUBCASS OF COMMERCIAL  
REGISTRATION SERVICESSECRET  
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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

15 FEB 27 AM 10:59

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C. CARROTHERS  
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04:36:59 p.m. 02-26-2015

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**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** Jason Properties, LLC

Name of Limited Liability Company

**Dear Sir or Madam:**

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodie Sorensen

Name of Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle - Suite 400

Address

Henderson, NV 89074-7739

City/State and Zip Code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

InCorp Services, Inc.

Name of Person

at ( 800 ) 246-2677

Area Code &amp; Daytime Telephone Number

**STREET/COURIER ADDRESS:**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301**MAILING ADDRESS:**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

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04:37:09 p.m. 02-26-2015

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# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Jason Properties, LLC

2. (a) 11445 CRONHILL DRIVE

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

OWINGS MILLS, MD 21117

11/12/2004

3. Date of filing/registration in Florida

(b) 11445 CRONHILL DRIVE

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

OWINGS MILLS, MD 21117

MD4000004939

4. Document number

5. (a) CT CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Josie A Sorensen POA for Jason Groves

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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04:37:25 p.m. 02-26-2015

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**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that Jason Groves, the Executive Vice President and General Counsel of Medifast, Inc. ("the Company"), a corporation established under the laws of Delaware, and of the subsidiary entities shown on the list appended hereto, as Grantor, does hereby make and grant a limited and specific power of attorney to Josie A Sorensen, Assistant Secretary on behalf of InCorp Services, Inc. and appoint and constitute said company as my attorney-in-fact for the Company and for the subsidiary entities.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

- (1) Authority to accept appointment as registered agent on behalf of Medifast, Inc. and the subsidiary entities for which Medifast, Inc. and Jason Groves, Executive Vice President have purchased service on with InCorp Services, Inc.
- (2) In the execution of any documents necessary for the purposes set forth herein, Josie A Sorensen shall exercise the power of Assistant Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individual shall act in such office and with such authority as is required to effect the changes herein contemplated.

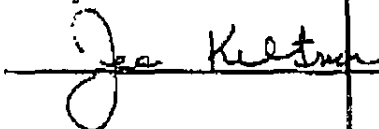
**TERMINATION:** Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.

  
\_\_\_\_\_  
Jason Groves, Executive Vice President  
and General Counsel

Dated: February 23, 2015

Signed in my presence this the 23rd day of February, 2015 by Jason Groves.

State of Maryland.  
County of Baltimore

  
\_\_\_\_\_  
Jean Keltner

JEAN KELTNER  
Notary Public-Maryland  
Carroll County  
My Commission Expires  
June 02, 2016



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04:37:40 p.m. 02-26-2015

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**Appendage:**

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

Medifast, Inc.  
Medifast Disc, Inc.  
Medifast Franchise Systems, Inc.  
Jason Enterprises, Inc.  
Jason Pharmaceuticals, Incorporated  
Jason Properties, LLC  
Seven Crondall Associates LLC  
Six Crondall Associates, LLC  
Take Shape for Life Inc.