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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	4/27/2018	. ACC	:0unt#. 12000000000
Name:	Chris Vick	_	
Reference	#:G041581		
Entity Nam	e: JIMMY JOHN'S	BUYING GROUP, LLC	Control Control
Articles	of Incorporation/Author	rization to Transact Business	200
Amendr	ment		R 26
✓ Change	of Agent		
Reinsta	tement		CORIEDA CA H.J.
Convers	sion		
Merger			500 600 600 600 600
☐ Dissolut	tion/Withdrawal		16 APR
Fictitous	s Name		27
Other _			
	/		#: 06
Authorized : Signature:	Amount:	\$25	

OCORPORATE HQ COGENCY GLOBAL INC. 10 E 4014 ST, 1014 FL NY, NY 10016 800.221.0102 +1.212.947.7200

@EUROPEAN HQ

COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES REG STRY #8010712 6 BEVIS MARKS, 12 FL. LONDON EC3A 7BA +44 (0)20.3786.1090

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Reference #: G041581	
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Articles of Incorporation/Authori	ization to Transact Business
Amendment	in the second se
☑ Change of Agent	
Reinstatement	AREA 26
Conversion	
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: Signature:	<u>\$\dagger\$</u>

@CORPORATE HQ

COGENCY GLOBAL INC. 10 E 4034 ST, 1014 FL NY, NY 10016 800.221.0102 +1.212.947.7200

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2018

COGENCYGLOBAL

SUBJECT: JIMMY JOHN'S BUYING GROUP, LLC

Ref. Number: M12000007071

We have received your document for JIMMY JOHN'S BUYING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00008696

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.	N	ame of the limited liability company: JIMMY JOHN	'S BU	ΙΥΙ	NG GR	OUP, LLO	3		
2	(a)	2770 INDIAN RIVER BLVD., STE 308	(b) 2770 IN		IDIAN RIVER BLVD., STE 308				
21.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	(U) .		Mailing addr	ess of limited		
		VERO BEACH, FL 32960		-	VERO I	BEACH, F	L 32960)	
			-	_					<u></u>
		12/18/2012		1	2/18/20	12			
3.		Date of filing/registration in Florida	4.			Documen	t number		
5.	(a)	CT CORPORATION SYSTEM							
	(-)	Registered Agent and Registered Office shown on the records of the	e Floric	ia D	ept. of Stat	- te:			
		1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address			-				
							25	2016	
		PLANTATION TO STATE OF THE PLANTATION	33324	ļ .	·	-	(T) (C) (2)>		77
		, FL_					70 P		*****
	(b)	COGENCY GLOBAL INC.					(ΣΣΣΔ ΣΣΕ ~< ΣΣΣ	2b	કુ કુક્સ્ ન્ય
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			••	- T	>		
		115 NORTH CALHOUN STREET, SUITE 4						ب	
		NEW Registered Office Address:				-	ह्याते हर्ने जैक	TER. L	
		TIEM Refinition Office Nations:							
		T111 1114 0.000		-		-			
		TALLAHASSEE FL 3	2301			_			
the age wa	cha ent w s/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the li	ne regi ility of the lin mited	ster omj nite liat	red office pany, it is d liability oility com	e and the bu s hereby co y company npany.	isiness off infirmed the or as other	ice of the control of	ne registered hange(s)
_		() seems ()	TO	DE	LABIN	ISKY, MA			
	_	are of a harmber or authorized representance of a member			al-1	•	rped name of	-	
pro the to 1	obli obli nere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erform for in G reby c	i in canc Cha onf	this cape se of my e opter 605 irm that i	acity. I furnituites, and F.S. Or, in the limited	ther agree I am famil if this docu liability ca	to com lar with ment is mpany	ply with the n and accept n being filed has been
Sig		with Ridden Assistant Secretary of Registered Agent	3						