P01000017782

Division of Corporations P.O. Box 6327 Tallahassee, FI 32314

February 25, 2002

To Whom It May Concern:

This letter is to request a change of registered office and agent as well as request a copy of the Articles of Incorporation along with the State Charter Number for RestaurantEmployee.com. If you need further assistance please do not hesitate to call me at 386-290-4181.

Thank you,

Jonathan Zeller

1982 State Road 44 #320

New Smyrna Beach, Fl 32168

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. \sim STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of
the State of Florida.
1. The name of the corporation: Restaurant Employee. cont, Inc.
2. The mailing address of the corporation: 1982 State Road 44 # 320
New Smyrna Beach
3. Date of incorporation/qualification: 2.16.01 Document number: Polocolets
4. The name and address of the current registered agent and office:
Zeller, Jonathan
2000-1 Hendricks ave.
Jacksonville, Fl 32207
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Zeller, Lori
1982 State Road 44 #320
New Smyrna Beach, Fl 32168
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board
(Signature of Apoliticer, chairman or vice chairman of the board) (Date)
+ / $-$
ON A 1 HBN TELLET? (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
Loriffeller Leb. 25 2002
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: OR ZF FR
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *