P01000023310

I would like to change my statutory representation the form & check is enclosed

Thank you

Lynda Moore

900005235579--0
-04/10/02--01041--020
*****43.75 *****43.75

FILED
02 APR 10 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

407 381-9010
3382 Morelon Crest Circle
Orlando fl. 32828

enclosed is an additional $8.75 for a certificate of status

AA change
T. Lewis 4/10/02

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 Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: J.R. Restaurant, Inc.

2. The mailing address of the corporation: 551 North Alafaya Trail
Orlando Fl. 32828

3. Date of incorporation/qualification: 3/6/01 Document number P01000023310

4. The name and address of the current registered agent and office:

C T Corporation System
C/O C T Corporation System 1200 South Pine Island Rd.
Plantation, Fl. 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):

Linda Moore
3382 Morelyn Crest Circle
Orlando Fl. 32828

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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.

Linda Moore — 4/2/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Linda Moore Pres.
(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

By Linda Moore — 4/2/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
Linda Moore — 4/2/02
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00) DIVISION of CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

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