Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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TO:

Division of Corporations

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From:

Account Name

: WINDERWEEDLE, HAINES, WARD & WOODMAN, P.

Account Number : 076077002775

Phone

: (407)246-8692

Fax Number

: (407)423-7014

REGISTERED AGENT CHANGE

JCM RESTAURANT CORPORATION

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7/2/01

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the the State of .	following statement in order to change its regis	stered office or registered agent, or both, in
-		
1. The manie	e of the corporation : _ JCM Restaurant Corpora	tion
2. The maili	ng address of the corporation: 909 wild Cherr	y Court, Heathrow, Florida 32746
3. Date of i	ncorporation/qualification: June 25, 2001	Document number:P01000052953
4. The name	and address of the current registered agent and	· · · · · · · · · · · · · · · · · · ·
		70 9
	Paula E. Pratt	
	390 N. Orange Avenue, Suite 1500	当り
	Orlando, Florida 32801	25 %
5. The name	and address of the new registered agent (if chan	ged) and/or registered office (if changed)
	(P. O. Box Not Accept	table)
	Charles H. Maneir, III	36 OF
	909 Wild Cherry Court	- Orr
	Heathrow, Florida 32746	
The street ad agent, as cha	idress of its registered office and the street addr unged, will be identical.	ess of the business office of its registered
Such change authorized b	was authorized by resolution duly adopted by i	its board of directors or by an officer so
Mari	I WASIN AL	a l (
(Signati	ure of an officer, chairman or vice chairman of the board)	<u> </u>
	·	(Daily)
laries H. M	lansir, III, Vice President (Printed or typed name and title)	
laving been		se of process for the above stated
corporation, further agre	I hereby accept the appointment as registered the to comply with the provisions of all statutes.	agent and agree to act in this capacity.
erformance egistered ag	named as registered agent and to accept servic I hereby accept the appointment as registered t ee to comply with the provisions of all statutes to of my duties, and I am familiar with and accep- gent.	retative to the proper and complete I the obligation of my position as
(A/2)	1 H Marin El	
_ FF40	(Signature of Registered Attent)	<u>7/2/6/</u>
signing on be	half of an entity:	(Date)
argumes our oc	nan of an enery.	
	(Typed or Printed Name)	(Capacity)
	4 4 Town Waves where a	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
I Shares	* * * FILING FEE: \$35.0	JO * * *
EZE045(9/00)	Division of Corporations P.O. Box 6327	Tallahassee, FL 32314
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