P06000005608

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Jaffa Gril, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| (Name of Contact Person) Cristing Gone 2 P. M. (Firm/Company) |
| • • • |
| 6043 KW 167 St #A-16 |
| Miami FC 33Q5 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Onstina Comes P.A. at 305 824-1505 (Name of Contact Person) (Area Code & Daytime Telephone Number |
| |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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, this |
|--|
| statement of change is submitted for a corporation organized under the laws of the State of Honela |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Jaffa Grill, Inc. |
| 2. The principal office address: 9487 Aarding Ave |
| Surf SIDO, AL 33154 |
| 3. The mailing address (if different): |
| alistote Red 1 00 Ti |
| 4. Date of incorporation/qualification: 2(15/04 Document number: 10000005 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Prosper Ohayon |
| 9487 Harding Ave |
| Surfide, FC 33154 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office |
| (if changed): |
| Cristina Comez P.A. |
| 6043 KW 167 St. # A-TRE= |
| (P.O. Box NOT acceptable) |
| Meani Pl 33015 |
| 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, or the corporation has been notified in writing of the change. |
| Prosper Ohama |
| (Signature of an officer or director) (Printed or typed name and title) |
| 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 |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| corporation has been notified in writing of this change. |
| (Signature of Registered Agent) 3/14/06 |
| If signing on behalf of an entity: |
| |
| (Typed or Printed Name) |

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