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COVER LETTER

SUBJECT: Jako of SaraSota Inc.

Name of Corporation

DOCUMENT NUMBER: P95 0000 60 62 3

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:

Ann-Maril Brown

Name of Contact Person

Jako of SaraSota

Firm/Company

LOU N. Tamiawi Trail

Address

City/State and Zip Code

JAKOSRO Q amail Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann-Maril Brown

Name of Contact Person

Area Code & Daytime Telephone Number

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

P.O. Box 6327 Tallahassee, FL 32314

Mailing Address: Amendment Section

Division of Corporations

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

I'm not sure if these two changes are one fee or two. Please find 2 checks enclosed. If only one is required please shred and dispose of the second check. Thank you!

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Jako of Sarasota Inc. 2. The principal office address: 5085 Pan American Blvd North Port FL 34287
3. The mailing address (if different): 310101 Garyland Avenue North Port FL 34286 4. Date of incorporation/qualification: 08 04 1995 Document number: P9500010023
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Ann-Maril Brown 1023 Lady Lynn Ct OVILO FL 32745 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Don R Nottingham 319101 Garyland Ave
North Port FL 34286
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 hoard, or the corporation has been notified in writing of the change. 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 replact a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Down to Tived or Printed Name Typed or Printed Name
Typed of Pragaryanc

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)