FILED Mar 26, 2002 8:00 am Secretary of State 2002 Uniform Business Report (UBR) **DOCUMENT #** P97000052410 1. Entity Name Name Change to: " I TCM Recruiting, Inc. GLOBAL GOURMET, INC. 03-26-2002 90091 026 \*\*\*150.00 Principal Place of Business Mailing Address 10324 DEERWOOD CLUB RD 10324 DEERWOOD CLUB RD UUU51476 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3451527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARINO, JANELL C Street Address (P.O. Box Number is Not Acceptable) 10324 DEERWOOD CLUB ROAD JACKSONVILLE FL 32256 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 3 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria d n belock) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change NAME MARINO, JANELL C NAME STREET ADDRESS 10324 DEERWOOD CLUB ROAD STREET ADDRESS CITY-ST-ZIE JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARINO, MICHAEL J NAME STREET ADDRESS 10324 DEERWOOD CLUB ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in

changed, or on an attachmen

**SIGNATURE** 

with an address, with all other like empowered