COMPĂNY	ACCOUNT NO.	. 072100000	32	
	REFERENCE	735943	4805290	
	AUTHORIZATION COST LIMIT	: \$ 35.00	icia Lina	¢
ORDER DATE :	March 10, 1998			
ORDER TIME :	9:29 AM		500002	45356
ORDER NO:	735943	-		
CUSTOMER NO:	4805290			
	South Wacker Dri icago, IL 60606 <u>CHANGE OF <i>I</i></u>		TAILLAHASSE	98 MAR II
NAME :	J.I.V. FOOD A CORP.	AND BEVERAGE	E. FLORIDA	OF STATE
PLEASE RETURN	THE FOLLOWING AS	3 PROOF OF FILI		5
	FIED COPY STAMPED COPY			98 MAR 11 AM 10: 39 DIVISION OF CORPORATION
CONTACT PERSO	N: Cassandra Bry			AM 10: 39

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

1. The name of the corporation is: J.I.V. Food and Beverage Corp.

2. The mailing address of the corporation is: One Executive Boulevard, Suite 105A, Suffern,

- NY 10901
- 3. Date of incorporation/qualification: 1/5/98 Document number: P98 00000 493

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

	C. Williams Reiney, Edq. Resigned	312	<u>A85</u>	
	c/o Rogers Towers Bailey Jones & Gray	- AH	MAR	
	<u>1301 Riverplace Blvd., Suite 1500, Jacksonvil</u>	le, FLCS		
5. The name an		;+(ceptable		Π
	Terril Gregg		<u> </u>	\bigcirc
	5865 Arlington Expressway			
	Jacksonville, FL 32211			
		~ ~ ~	• .	

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.

MAN KALLA YEES	57 57 98				
(Signature of an officer, chairman or vice chairman of the board)	(Date)				
Isiah Sheps, President					
(Printed or typed name and title)	(Date)				
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 duities, and I am familiar with and accept the obligation of my position as registered agent. Multe Magne 3/4 98					
(Signature of Registered Agent)	(Date)				
If signing on behalf of an entity:					

(Capacity)

(Typed or Printed Name)