Requester's Name 7044 Beach Blue Address Jackson ville, Fla City/State/Zip Phone #	D9819	TALLAHASSEE FLORIDA	PR 13 PH 12: 23
	-	Office Use Only	
CORPORATION NAME(S) & DOCUM	ÆNT NUMBER(S), (if	known):	
	, .	6000004008	38563
(Corporation Name)	(Document #)	*****35.00	U1036027 *****35.00
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(Corporation Name)	(Document #)	÷	To the state of th
☐ Walk in ☐ Pick up time	<u> </u>	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	S
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R. Change of Registe Dissolution/Without Merger		
OTHER FILINGS	REGISTRATION/Q	UALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	ip	

Examiner's Initials

CR2E031(7/97)

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

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

the undersigned corporation organized undersigned corporation organized und submits the following statement in order to chaboth, in the State of Florida.	7.0502, 607.1508, or 617.1508, Florida Statutes der the laws of the State of デールかん ange its registered office or registered agent, or
1a. The name of the corporation is:Cookie	Jar, Inc.
1b. The mailing address of the corporation is :	7044 Beach Blud. Jacksonville FL 32216
1c. Date of incorporation: 11/23/98	Document number: <u>P98000098191</u>
2. The name and address of the current registered ESKuchen. Martha S. 14041 US Hwy 1 Tuno Black FL 3340	OI APR
3. The name and address of the new registered ag Meredith A. Hernande 31017 Crown Point Rd. Jacksonville FL 3225	TESTATE STATE AT LORIDA
The street address of its registered office and the registered agent, as changed, will be identical. Such change was authorized by resolution duly ad so authorized by the board.	
Signature of an officer, chairman or vice chairman of the board) PLYCIA A SIRMAN CUMUM (Printed or typed name and title)	(Date)
Having been named as registered agent and to a corporation, thereby accept the appointment as red further agree to comply with the provisions of a performance of my duties, and I am familiar with registered agent.	nccept service of process for the above stated gistered agent and agree to act in this capacity. All statutes relative to the proper and complete h and accept the obligation of my position as
(Signature of Rigistered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314