

MAY. 26. 2011 4:06PM
DIVISION OF CORPORATIONS

TRENAM KEMKER

NO. 2466 P. 1 of 1

Florida Department of State
Division of Corporations
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10-2784/RGS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tsgood@trenam.com

REGISTERED AGENT CHANGE
JEM RESTAURANT GROUP OF FLORIDA, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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5/27/11

**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: JEM Restaurant Group of Florida, Inc.
2. The principal office address: 5020 W. Cypress Street, Suite 200, Tampa, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/8/99 Document number: P99000021233
5. 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)

Robert E. Morris

5020 W. Cypress Street, Suite 200

Tampa, Florida 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TK Registered Agent, Inc.

101 E. Kennedy Boulevard, Suite 2700

P.O. Box NOT acceptable

Tampa, Florida 33601

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.

 _____
Signature of an officer or director

John McGrath, President

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 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.

TK Registered Agent, Inc.

By:  _____
Signature of Registered Agent

5-26-11
Date

If signing on behalf of an entity:

Robert G. Stern

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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