## 78000L2709

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 12 2008

**EXAMINER** 



200138500432

12/11/08--01038--001 \*\*25.00

08 DEC 11 PM 12: 06

SECRETARY OF STATIONS
DIVISION OF SCALES (STATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NEO FOOD LLC (Name of Li	mited Liability Company)	•
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing	<b>z</b> .
Please return all correspondence concerning this	matter to the following:	
FRANK BEHRENS		
(Name of Person)		
(Firm/Company)	<del>1-14</del>	
950 STILLWATER DRIVE (Address)		
(/ tude55)		
MIAMI , FLORIDA 33141 (City/State and Zip Code)		
(Chyrstate and Zip Code)		
For further information concerning this matter, pl	ease call:	
FRANK BEHRENS at (	786 ) 683-7974	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	3921
Enclosed is a check for the following am	ount:	By omish in
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NEO FC	OOD LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 950 STILLWATER DR MIAMI, FL 33141
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	950 STILLWATER DR MIAMI, FL 33141
06/26/2008	<u>L08000062709</u>
Date of filing/registration in Florida	4. Document number
. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept. of State:
i. (a) Registered Agent and Registered Office shown Registered Agent:	on the records of the Florida Dept. of State:  CORPORATION SERVICES COMPANY
	•
Registered Agent:	CORPORATION SERVICES COMPANY  1201 HYAS STREET TALLAHASSEE, FL 32301  NEW Registered Office address:
Registered Agent: Registered Office Address:	CORPORATION SERVICES COMPANY  1201 HYAS STREET TALLAHASSEE, FL 32301  NEW Registered Office address:
Registered Agent:  Registered Office Address:  (b) Enter name of <u>NEW Registered Agent</u> and/or	CORPORATION SERVICES COMPANY  1201 HYAS STREET TALLAHASSEE, FL 32301  NEW Registered Office address:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00