## M0200000598

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ći	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		Transmission de la companya de la co





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CIVISION OF CORPORATION OF STANDARD CORPORATION OF CORPORATION OF

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## TRANSMITTAL LETTER

Jupiter Bread, LLC SUBJECT: (Name of corporation) M02000000598 DOCUMENT NUMBER:\_ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katherine Kirk (Name of person) Daland Corporation (Name of firm/company) PO Box 789950 (Address) Wichita KS 67278 (City/state and zip code) For further information concerning this matter, please call: at ( 772 ) 713-3928 (Area code & daytime telephone number) Katherine Kirk (Name of person) Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## 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. The name of the limited liability co	ompany is:Jupit	er Bread, LLC	
2. The mailing address of the limited	liability company is :	2414 N. Woodlawn #201	· · · · · · · · · · · · · · · · · · ·
	<b>______</b>	Wichita KS 67220	Tagana
			_ <del></del>
Mar 1, 2002	and the second s	- M0200000598	
3. Date of filing/registration in Florid	a	4. Document number	
5. The name of the registered agent ar Florida Department of State:	d the registered office a	ddress as shown on the records of	the
CT Corp	poration System		
	Name		-
1200 Sc	outh Pine Island R	oad.	
	Address		
Planta	tion FL 33324		S €
	City, State and Zip	)	A SEC
6. The name and address of the new re	evistered agent and/or of	ffice:	AUG 20
	n N. Kirk	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	음 목록
		, Lanier, Kretschmer & Mur	phy, \$P\$A
	Name		3. 2. 2. C
817 Bea	achland Boulevard		33.
Florida st	reet address (P.O. Box N	NOT acceptable)	
Vero B	each FL 32	964	
i i i i i i i i i i i i i i i i i i i	City, State and Zip		
If the limited liability company is not confirmed that after the change or cha and the business office of the register liability company, it is hereby confirm the members of the limited liability of the operating agreement of the limited (Signature of a member of authorized representational distribution).	anges are made, the Floried agent will be identically dead that the change(s) was ompany or as otherwise plainting company.	ida street address of the registered of the registered of a Florida limit as/were authorized by an affirmative provided in the articles of organiza	office ted ve vote of ation or
William J. Walsh, Jr., Pro	coluciic	en la companya di Araba di Salah di Kabupatèn	. *
l hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the lim  (Signature of Registered Agent)	egistered agent and agre ites relative to the prope obligations of my positi nt is being filed to merel ited liability company hi	e to act in this capacity. I further and complete performance of my ion as registered agent as provided y reflect a change in the registered as been notified in writing of this c	agree to duties, l for in l office hange.

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

INHS18(10/99)

FILING FEE: \$25.00