M-02 000000698

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08/20/03--01068--003 **325.00

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Delray Beach Bread, LLC (Name of corporation)
DOCUMENT NUMBER: M02000000698
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)
(Name of firm/company) PO Box 789950 (Address)
Wichita KS 67278 SP
For further information concerning this matter, please call:
(Name of person) at (772) 713-3928 (Name of person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State.
Enclosed is a \$55.00 cheek made payable to the Department of State.

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

CR2E045(07/02)

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

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 company is:De	elray Beach Bread, LLC
2. The mailing address of the limited liability compa		2414 N. Woodlawn #201
\$ 4 5 5 5 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	·	Wichita KS 67220
Feb 12, 2002 3. Date of filing/registration	on in Florida	_M02000000698 4. Document number
5. The name of the register Florida Department of S		D CORPO
6. The name and address o	817 Beachland Boulevard Florida street address (P.O. Box	office: Sp. Dan, Lanier, Kretschmer & Murphy, P.A. NOT acceptable) 32964
confirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of the operation of the operatio	ange or changes are made, the Flohe registered agent will be identicely confirmed that the change(s) liability company or as otherwise the limited liability company. End representative of a member) Jr., President	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the provided in the articles of organization or
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered agent and ag t of all statutes relative to the pro l accept the obligations of my pos his document is being filed to mer that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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

FILING FEE: \$25.00

INHS18(10/99)