## M03000001339

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(December 1)			
(Document Number)			
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M8/25



## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Plantation Brea	ad, LLC	
	(Name of corporation)	
DOCUMENT NUMBER: M	40300001339	
The enclosed Statement of Change of	of Registered Office/Agent and fee are submitted for filing.	. •
Please return all correspondence con	ncerning this matter to the following:	-
Katherine Kirk (Name of perso		- <u>F</u> -20
Daland Corporation		
(Name of firm/com	pany)	. =
PO Box 789950		
(Address)		
Wichita KS 67278 (City/state and zip o	code)	
For further information concerning the	his matter, please call:	
Katherine Kirk (Name of person)	at ( 772 ) 713-3928  (Area code & daytime telephone number)	
(Ivaille of person)	(Area code & daytime telephone number)	
Enclosed is a \$35.00 check made pay	yable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 company is: Pl	antation Bread, LLC		
2. The mailing address of the limited liability company		2414 N. Woodlawn #201		
		Wichita KS 67220		
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Apr 28, 2003	<u></u>	M03000001339		
3. Date of filing/registratio	n in Florida	4. Document number		
5. The name of the registere Florida Department of St		address as shown on the records of the		
<b></b>	CI Corporation System			
	Name 1200 South Pine Island	Road S		
Address				
Address Plantation FL 33324				
	City, State and 2	Zip 20 CR		
6. The name and address of the new registered agent and/or office:  William N. Kirk				
Moss, Henderson, Blanton, Lanier, Kretschmer & Murphy, 27				
_	Name 817 Beachland Boulevard	Or Su		
Florida street address (P.O. Box NOT acceptable)				
		32964		
_	FL FL			
	City, State and Zi	p		
confirmed that after the cha and the business office of the	inge or changes are made, the Floher registered agent will be identify by confirmed that the change(s)	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 se provided in the articles of organization or		
(Signature of a member or authorize	ed representative of a member)	<del>-</del> Commence of the commence o		
William J. Walsh,	Jr., President			
(Printed or typed name of signee)				
The State	tment as registered agent and as of all statutes relative to the proaccept the obligations of my posits document is being filed to ment the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
(Signature of Registered Agent)				