F060000000022

| (Re | questor's Name) | |
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| (Ad | dress) | |
| | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Ви | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Ruli'S Organic Bakery, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: F0600000022 |
| 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: |
| (Name of Contact Person) |
| Rudi's Organic Bakery (Firm/Company) 3300 Walnut St. Unit C (Address) |
| 3300 Walnut St. Unit C (Address) |
| Boulder CO 80301 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at (720) G74.4669 (Name of Contact Person) (Area Code & Daytime Telephone Number) |

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organized under the laws of the State of Deleware in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Rulis Organic Raker, Inc. |
| 2. The principal office address: 3300 Walnut St., Unit C |
| Boulder CO SO301 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 17 130 105 Document number: F060000000 22 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| AVSAV ASAC |
| LIYO NEZATH St |
| BOCA RATION FL 33431 FE TO TO |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| DARA WARVA |
| (P.O. Box NOT acceptable) |
| Winter Springs FL 32708 |
| 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 (flan oblicer or director) John Fole (CEO) (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. |
| (Signifure of Registered Agent) 2/10/06 |
| If signing on behalf of an entity: |
| and the second s |
| (Typed or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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