

L 00000008194

Requester's Name _____

Address _____

City/State/Zip _____ Phone # _____

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00 NOV 15 PM 12:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

RF Change

11-28-00

MS

AMENDMENTS

800003463938--7

-11/15/00--01043--006

*****25.00 *****25.00

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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: BEARNO'S INTERNATIONAL, LLC

2. The mailing address of the limited liability company is: 3421 N. CAKEVIEW DRIVE
TAMPA FLORIDA 33618

06-22-00
3. Date of filing/registration in Florida

L00000008194
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

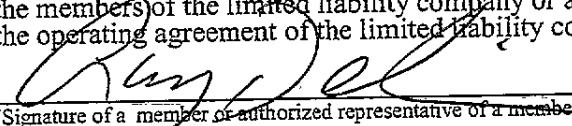
CYNTHIA R. SARSEN
Name
3908 NORTHDALE BLVD. SUITE 100 EAST
Address
TAMPA FL 33624
City, State and Zip

6. The name and address of the new registered agent and/or office:

CYNTHIA R. SARSEN
Name
3421 N. CAKEVIEW DRIVE
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33618
City, State and Zip

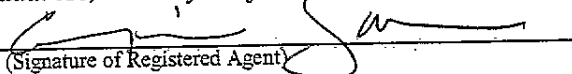
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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 or authorized representative of a member)

CRAIG DELASIN
(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 Registered Agent)

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