HOWARD VENDING, LL.C. FILED 01 SEP -4 PN 12: 17 SEGRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business SS29 NW, 1815T STREET HALEHR FL 30014 2. Principal Place of Business SS29 NW, 1815T STREET HALEHR FL 30014 2. Principal Place of Business SS29 NW, 1815T STREET HALEHR FL 30014 2. Principal Place of Business SS29 NW, 1815T STREET HALEHR FL 30014 2. Principal Place of Business SS29 NW, 1815T STREET HALEHR FL 30014 Country A 2. Principal Place of Business SS29 NW, 1815T STREET HOWARD, REBECCA J SSUIR, Apt 8, etc. Country A 2. Principal Place of Business SS29 NW, 1815T STREET HALEHR FL 30014 City FL	01 SEP -4 PH 12: 17			DOCUMENT # LOOOOOO13702 1. Entity Name HOWARD VENDING, L.L.C.					
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ALLAHASSEE, FLORIDA Principal Place of Business S293 NW 15 S Suite, Apt. 8, etc. Convert Sold Apt. 9, etc. Convert Sold Apt. 9, etc. Convert Convert Sold Apt. 9, etc. Convert C					529		61ST STREE	5293 N.W. 16	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, REBECA J 5283 N.W. 161ST STREET HIALEAH FL 33014 City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, highed or primed name of registered agent and the flacolocible. POTE Registered Agent supmiss secured when reinstating) ANE FELL SOUTH FELL SOUTH ANE SIGNATURE Signature, highed or primed name of registered agent and the flacolocible. POTE Registered Agent supmiss secured when reinstating) ANE FELL SOUTH FELL SOUTH ANE SIGNATURE Signature, highed or primed name of registered agent and the flacolocible. POST Registered Agent supmiss secured when reinstating) ANE FILL SOUTH ANE SIGNATURE Signature, highed or primed name of registered agent and the flacolocible. POST Registered Agent supmiss secured when reinstating) ANE SIGNATURE Signature, highed or primed name of registered agent on the primed review of registered agent, or both, in the State of Florida. ANE SIGNATURE Signature, highed or primed name of registered agent or the primed review of registered agent, or both, in the State of Florida. ANE SIGNATURE Signature, highed agent agen	Applied For Not Applicabl	65-1053168 N		,	ream;		FL		
Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)		icate of Status Desired	5. Certifi	US A	33014		Count	F	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		and Address of New Registered Agent	7. Name		red Agent			6. Na	
S293 N.W. 161ST STREET HIALEAH FL 33014 City FL Zip Co City FL Zip Co City FL Zip Co City FL Zip Co 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, Special or printed name of registered agent and site if applicable. (NOTE: Registered Agent agentature recurred when reinteduring) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	(P.O. Box Number is Not Acceptable)			HOWARD REPECCA I					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or mana.	the information nager of the								
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		orida Statutes.	by Chapter 608, Flo	report as required	wered to execute this	the receiver or trustee empo	mpany or the	liability com	limited li