Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000106280 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A. Account Number : 076666002140

Phone

: (727)461-1818

Fax Number : (727)441-8617

REGISTERED AGENT CHANGE

CBA VENDING, LLC

Certificate of Status	
Certified Copy	
Page Count	0
<u> </u>	01
Estimated Charge	\$30.00
	100

Electronic Filling Means

Compareto Filipa

H01000106280 0

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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: CBA VENDING, LLC
2. The mailing address of the limited liability company is: 217 MILLSTONE DRIVE
PALM HARBOR, FLORIDA 34683
9/21 /01 3. Date of filing/registration in Florid
4. Document surples
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
PETER A. RIVELLINI
Name
911 CHESTNUT STREET
Address
CLEARWATER, FLORIDA 33756
LIV NISTE and View
6. The name and address of the new registered agent and/or office:
GLORIA SHAUGHMESSY
Name ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
217 MILLSTONE DRIVE
Florida street address (P.O. Box NOT acceptable)
PALM HARBOR FL 34683
City, State and Zip
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 limited liability company. (Signature of a member of authorized representative of a persist) GLORIA SHAUGHNESSY (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, thereby confirm that the limited liability company has been notified in writing of this change. (Signatule of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

H01000106280 0