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DIVISION OF CORPORATIONS

OF NOV 16 PH 2: 05

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BAER ENTERPRISES, LL	LC			
. (Name of	f Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.			
Please return all correspondence concernin	ng this matter to the following:			
•				
ROBERT BAER				
(Name of Person)	· 9 🚟			
	SIGR			
BAER ENTERPRISES, LLC	O7 NOV 16			
(Firm/Company)	5 CAYE			
	PH RPC			
9030 NW 97th Terr., Medley,	, FL 33178			
(Address)	PH 2: 05			
	3. 5			
·				
(City/State and Zip Code)				
•				
For further information concerning this ma	atter, please call:			
Gretter Vicențe	at (305) 888.3344			
(Name of Person)	(Area Code & Daytime Telephone Number)			
•				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the follow	ving amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)

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 limite	d liability company is:	BAER ENTI	ERPRISES, LLC	
2. The mailing address of	f the limited liability co	ompany is:	9030 NW 97th	Terr.
	.78 ⁴ 2			
11/08/2007			L0200000477	76
3. Date of filing/registrat	ion in Florida		4. Document nui	mber
5. The name of the registe Florida Department of		stered office	address as shown	on the records of the
•	KAHN, JEFFR			
۸.	• •	Name		
	3300' UNIVERS		SUITE 711	. 2
	Coral Spring	Address		yisi Visi
	• •	State and Zi	-	PAR PR
6. The name and address	of the new registered a	gent and/or o	office:	o CRO
BAER ENTERPRISES, LLC				O7 NOV 16 PH 2: 05
•		Name	1-11-1	STATIONS A 2: 05
	9030 NW 97th T	err., Med	Ley	95 OF OF OF
	Florida street address	s (P.O. Box l	NOT acceptable)	_
		El onia		
	City S	FL 3317. State and Zip		
	•	-	•	
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are me the registered agent we reby confirmed that the nited liability company not of the limited liability	nade, the Flor ill be identice e change(s) we or as otherw y company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited ed by an affirmative vote
Dohout Door	i			
Robert Baer (Printed or typed name of signee)	ı			
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I fereby confirm	intment as registered a is of all statutes relative d accept the obligation his document is being that the limited liability	gent and agr e to the prop is of my posit filed to mere ty company h	ee to act in this co er and complete p ion as registered ly reflect a change as been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00