LD-200000444

Filled Bagel Industries, LLC 10100 West Sample Road Suite 407 Coral Springs, FL 33065				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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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.

agent, or bom, in the out	•		•	
1. The name of the limite	d liability company is:	Filled Bagel Industries, LL	<u> </u>	
2. The mailing address of	f the limited liability com	pany is: 10100 West Sam	ple Road Suite 407	
Coral Springs, FI 3306				
07/26/2002		L02000019044	L02000019044	
3. Date of filing/registration in Florida		4. Document num	4. Document number	
5. The name of the register Florida Department of	State:	red office address as shown o	n the records of the	
The same of the sa	_Gary Schwartzberg			
	10057 Sunset Strip	lame		
Address				
	Sunrise, Fl 33322		75 8	
	City, St	ate and Zip	ES A	
City, State and Zip 6. The name and address of the new registered agent and/or office: Troy Schwartzberg Name 10100 West Sample Road Suite 407 Florida street address (P.O. Box NOT acceptable)				
Troy Schwartzberg				
10100 West Sample Road Suite 407				
	Florida street address (1	P.O. Box NOT acceptable)	RIGHT 6	
	Coral Springs,	FL 33065		
City, State and Zip				
confirmed that after the cl and the business office of	nange or changes are mad the registered agent will leby confirmed that the change of the limited liability company or as of the limited liability com	der the laws of the State of Flee, the Florida street address of the identical. Or, in the case of the	of the registered office	
Troy Schwartzberg, Ex	ecutive Vice President			
(Printed or typed name of signee)		-		
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agers of all statutes relative to a comment is being file that the limited liability of	nt and agree to act in this cap the proper and complete pe f my position as registered a d to merely reflect a change company has been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	1 Exp			

FILING FEE: \$25.00

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

INHS18(10/99)