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EXAMINER



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SECRETARY OF STATE



ACCOUNT NO. : 12000000195 REFERENCE: 9220627 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: September 23, 2011 ORDER TIME : 12:21 PM ORDER NO. : 922062-005 CUSTOMER NO: 4310557 CHANGE OF AGENT NAME: FILLED BAGEL INDUSTRIES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Becky Peirce -- EXT# 2919

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. Name of the limited liability company: Filled Bagel In	dustries, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	رين المراجعة
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above
July 26, 2002	L02000019044
3. Date of filing/registration in Florida	4. Document number
 (a) Registered Agent and Registered Office shown on the Registered Agent: 	he records of the Florida Dept. of State: Gary Schwartzberg
Registered Office Address:	11800 NW 102 Road, Suite 6 Miami, FL 33178
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	/ Registered Office address: Corporation Service Company 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	se of a Florida limited liability company, it is
Signature of a member or authorized representative of a member) Tohn P. Menne (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prop am familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a ch confirm that the limited liability conjugany has been notified t	ree to act in this capacity. I further agree to ber and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change.
By: PUCKER PULLED	Becky Peirce
	sst. Vice President
Division of Corporations, P.O. Box 6	327. Tallahassee, FL 32314

FILING FEE: \$25.00