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Annual Re		Foreign Limited Partnersh Reinstatement Trademark Other	uip	

CR2E031(7/97)

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: Pappi's En	terprises, LLC	
2. The mailing address of	the limited liability company is:	EW ADDRESS-SEE NEXT LIN	VE.
P.O. Box 18123, San A	• • • • • • • • • • • • • • • • • • • •		 -
September 3, 2002	·	L02000022609	<u> </u>
3. Date of filing/registrat	on in Florida 4	. Document number	 ;
5. The name of the register Florida Department of	red agent and the registered office ad State: Rejean Theberge	ldress as shown on the records of	the
	Name 1130 NE 24th Street		
	Address Pompano Beach, FL 33064 City, State and Zip	TALLAHAS	FILED 02 OCT - 1, AM II: 3"
6. The name and address of	of the new registered agent and/or off	ice:	
	Charles Leslie	<u> </u>	
	Name 1130 NE 24th Street	RIDA	<u></u>
	Florida street address (P.O. Box No	OT acceptable)	-
	Pompano Beach, FL 33064		
	City, State and Zip		•
and the business office of liability company, it is her the members of the limited	pany is not organized under the laws ange or changes are made, the Florid the registered agent will be identical, by confirmed that the change(s) was I liability company or as otherwise profite limited liability company.	a street address of the registered of Or, in the case of a Florida limite street authorized by an affirmative	office ed
	ed telleschative of a member)		
Rejean Theberge (Printed or typed name of signee)	·	4	
	atment as registered agent and agree of all statutes relative to the proper accept the obligations of my position is document is being filed to merely that the limited liability company has	to act in this capacity. I further a and complete performance of my n as registered agent as provided reflect a change in the registered been notified in writing of this ch	igree to duties, for in office iange.

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

INHS18(10/99)

FILING FEE: \$25.00