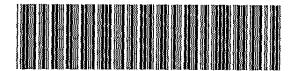
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<b>.</b>	•
Pappi's Enterprises P.O. Box 18123 San Antonio, TX 78218	216 L
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(Business Entity Name)	<del> </del>
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## STATEMENT OF CHANGE OF REGISTERED 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.

1. The name of the limite	d liability company is:	Pappi's Enterprises, LLC		
2. The mailing address of	f the limited liability cor	mpany is : P.O. Box 18123		
San Antonio TX 78218				_
09/03/02		L02000022609		<u>—:</u>
3. Date of filing/registrat	ion in Florida	4. Document number		_
5. The name of the register Florida Department of		ered office address as shown on the	e records of the	
	1130 NE 24 TH Stre	Name	•	
	Pompano Beach FL	Address . 33064 State and Zip	OG SEP 22	
6. The name and address	of the new registered ag	ent and/or office:	1.00 × 1.	
	Rejean Theberge		iii	
·	1424 South Powerlin	lame ne	F.C. J.F. 916. 51. 61. 61. 61. 61. 61. 61. 61. 61. 61. 6	_
	Florida street address	(P.O. Box NOT acceptable)	>*** =	
	Pompano Beach ,	FL 33069		
	City, St	ate and Zip	-	
confirmed that after the cl and the business office of liability company, it is her	nange or changes are ma the registered agent will be confirmed that the d liability company or a f the limited liability co	nder the laws of the State of Florida ade, the Florida street address of the l be identical. Or, in the case of a F change(s) was/were authorized by a s otherwise provided in the articles mpany.	e registered office Florida limited an affirmative vote	of
Rejean Theberge		,		
(Printed or typed name of signee)		<del></del> -	-	
/ / <del>- /</del> //	ntment as registered ags of all statutes relative discept the obligations his document is being fithat the limited liability	ent and agree to act in this capacity to the proper and complete perform of my position as registered agent led to merely reflect a change in the company has been notified in writi	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	0
(Signature of Registered Agent)	my	<del></del>		

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

INHS18(10/99)

FILING FEE: \$25.00