(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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Codified Copies Codificates of Status			
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Special Instructions to Filing Officer:			
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JAN <b>1 6</b> 2008			
EXAMINER			
Barrel M. M. J. W. J. W. T. T.			

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Office Use Only



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n)	COVER LETTER
TO:	Registration Section Division of Corporations
SUB.	TECT: DYMMIC BOUGHOUTS REALTY OF POUTE 1, CC (Name of Limited Liability Company)
Doar	Sir or Madam:
The e	enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	(Name of Person)
ĿÊ	(Name of Person)  YMAMIC DOUGHAUTS REALTY OF ROUTE 12/12  (Firm/Company)  45 95 WOODS RD.
	4595 WOODS RD.  (Address)  (Address)
	E. Rukora, M. 14052 (City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS D'AN6cZo at (716) 570-2156

(Name of Person) (Area Code & Daytime Telephone Number)

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.4 6 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:	YNAMIC DOUBHNUTS REPRETY of POUTE 1, LLC
2. (a) Principal office address of limited liabi (Note: MUST BE STREET ADDRE	lity company: 4225 600566 St SS) BUFFARD, My 19025
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE BO	
10/24/63 3. Date of filing/registration in Florida	LO 30000 415 80 5
	e shown on the records of the Florida Dept. of State:
Registered Agent:	NAT SLEGEZ
Registered Office Address:	1371 UNST PARMUTO PARK DR. BOCA RATOR, FL 33456
(b) Enter name of <u>NEW Registered Agent</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADD</u>	RESS)  CHRISTOPHOR J. DANGERS BLUD  SOO N. E. SPAMISH RIVOR BLUD  SUITE ZOS  BUCA RATENUFL 33486
that after the change or changes are made, the office of the registered agent will be identical, hereby confirmed that the change(s) was/were liability company of as otherwise provided in limited liability company.	el under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the
(Signature of a member of authorized representative of a member of the state of the	600 MANAGER
	d agent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I my position as registered agent as provided for in Chapter 608, ely reflect a change in the registered office address, I hereby been notified in writing of this change.
(Signaphre of Registered Agent)	
• • • • • • • • • • • • • • • • • • • •	ns, P.O. Box 6327, Tallahassee, FL 32314 TLING FEE: \$25.00

INHS18 (05/08)

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