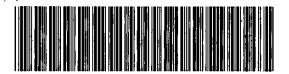
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(Requ	estor's Name)	
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phor	ne #)	
PICK-UP			
(Busir	ness Entity Na	ime)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Fil	ing Officer:		

Office Use Only



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08/08/06--01053--007 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corporations	•		
SUBJECT: Delicious Enterprises Servi		pility Company)	
(17mile of 2	Difficu Dia	omiy Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Chang	ge and fec(s) are submitted for filing	g.
Please return all correspondence concerning	this matter	to the following:	
Valquiria MC Paiva			
(Name of Person)			
			_ 9
(Firm/Company)		<u> </u>	06 AUG
			馬輪
2901 26th Street West Unit 810			oF COR
(Address)			PH POR
Bradenton, Florida 34205-3771			B PH 2: 38
(City/State and Zip Code)			∞ 7
For further information concerning this matt	ter, please ca	all:	
Valquiria MC Paiva	at (941_	₎ 755-5974	
(Name of Person)		(Area Code & Daytime Telephone	e Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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 limited liability company is	is: Delicious Enterprises Services, LLC	
2. The mailing address of the limited liability	company is:	
2901 26th Street West, Unit 810, Bradenton FL 34	4205-3771	
12/08/2003	L03000051005	
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on the reco	ords of the
AGENTS AND CO	ORPORATIONS, INC.	
CUITE E 770 ATU	Name	
SUITE E, 773 4TH	Address	
NORTH NAPLES F		90 July 155
Cit	y, State and Zip	SION O
6. The name and address of the new registered	agent and/or office:	NOF CO
Valquiria MC Paiva		PH SPES
2901 26th St W Unit	Name	い。別
	ess (P.O. Box NOT acceptable)	2: 38
Bradenton FL 34205 -3'	9771 FI	-
	, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the office of the limited liability compand or the operating agreement of the limited liability compand or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of a member of authorized representative of a member of authorized representa	made, the Florida street address of the regi- will be identical. Or, in the case of a Florida the change(s) was/were authorized by an af- ny or as otherwise provided in the articles of lity company.	istered office da limited firmative vote
Lester F Carignan II (Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of Registered Agent)	agent and agree to act in this capacity. I jive to the proper and complete performancions of my position as registered agent as property reflect a change in the registry company has been notified in writing of	further agree to e of my duties, rovided for in sistered office of this change.
Division of Corporations, I	P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)