104000005517

· · · · · · · · · · · · · · · · · · ·					
Berman PLC 401 S. Florida Avenue, Suite 300 Tampa, FL 33602					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: ### CM #### CM ### CM #### CM ### CM #### CM ### CM #### CM ### CM ########					
64-65517					

Office Use Only



500058720025

M. HODGES

08/25/05--01012--005 **25.00

05 AUG 25 PH '3: 24
SECRE DALY DE STATI

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 limit	ed liability company is:	The Lolli	pop Stop, LLC	
2. The mailing address o				s
Tampa, FL 33629				
9/02/2004	,		L04000065517	7
3. Date of filing/registrat	ion in Florida		4. Document nun	nber
5. The name of the register Florida Department of			address as shown o	on the records of the
	401 S. Florida Ave.	Name)	OS A SEC TALL
		Address		E S T
Tampa, FL 33602				
	City,	State and Z	ip	EFF P M
6. The name and address	of the new registered ag	gent and/or	office:	
	Tina Cash			PH 3 24 YOF STATE SEE FLORID
	4113 W. San Luis	Name		₽
	Florida street address	s (P.O. Box	NOT acceptable)	
	Tampa	FL 3362	29	
	City, S	tate and Zip)	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited liability conconfirmed that after the candidate of the limited liability conconfirmed that after the candidate of the limited liability conconfirmed that after the candidate of the limited liability conconfirmed that after the candidate of the limited liability conconfirmed that after the candidate of the liability conconfirmed that after the candidate of the liability company, it is he the members of the limited liability company.	hange or changes are many the registered agent will reby confirmed that the disability company or a fifther limited liability confirmed the limited liability confirmed the limited liability confirmed liability liability confirmed liability liabil	ade, the Floation in the second contract of t	orida street address or cal. Or, in the case was/were authorized	of the registered office of a Florida limited d by an affirmative vote of
Tin- Co	ch			
(Printed or typed name of signee))	 		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as sof all statutes relative d accept the obligations this document is being function that the limited liability	gent and ag e to the prop s of my pos filed to mer y company	ree to act in this ca per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.
(Signature of Registered Agent)				•
Divisio	on of Corporations, P.	O. Box 632	7, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)