## L05000437109

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SECRETARY OF STATE OLVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Here's The Scoop Ice Crea (Name of Limit	am Cafe, LLC ted Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Lisa Bobitski			
(Name of Person)			
Here's The Scoop Ice Cream Cafe			
(Firm/Company)			
7550 Mission Hills DRive, Suite 302			
(Address)			
Naples, FL 34119			
(City/State and Zip Code)	<u> </u>		
For further information concerning this matter, p	lease call:		
Lisa Bobitski at (	( )		
(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 an	nount:		
<b>✓</b> \$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.

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1. The name of the limite	ed liability compa	ny is: Here's The So	coop Ice Cream Caf	fe, LLC	
2. The mailing address o	f the limited liabi	lity company is : 755	0 Mission Hills, Drive	, Suite 302, Naples FL 341	
May 4, 2005 3. Date of filing/registration in Florida		<u> </u>	L05000043769  4. Document number		
5. The name of the registre Florida Department of	ered agent and the				
	1814 Senega	Address			
6. The name and address		•	ice:	_ 0	
	Florida street a	Name HIlls Drive, Suite ddress (P.O. Box NO FL 34119 City, State and Zip	T acceptable)	FILED STATE SECRETARY OF STATE OF CORPORATION OF CORPORATION OF NOV 14 AH 12: 13	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	reby confirmed the registered agreed to the liability control of the limited line.	ent will be identical.  nat the change(s) was  npany or as otherwise  lability company.	Or, in the case of a s/were authorized by	a Florida limited y an affirmative vote	
Lisa Bobitski (Printed or typed name of signee) I hereby accept the appoor comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)		ered agent and agree elative to the proper gations of my positio being filed to merely iability company has	to act in this capac and complete perfo n as registered age reflect a change in been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00