

Division of Corporations

Page 1 of 1

LD5000109641

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000003947 3)))



H080000039473AEC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RE-SUBMIT
Please retain original filing
date of submission 1/7/08

RECEIVED
2008 JAN -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

NUTCRACKER MARKETING, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$35.00

FILED
08 JAN -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

030-017-5381

1/8/2008 8:48 PAGE 001/001 Florida Dept of State



January 8, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION

SUBJECT: NUTCRACKER MARKETING, L.L.C.
REF: LG5000109641

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document SpecialistFAX And. #: H08000003947
Letter Number: 408A00001445

P.O BOX 6327 - Tallahassee, Florida 32314

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: Nutracor Marketing, L.L.C.
2. The mailing address of the limited liability company is : _____
117-43 Farmers Blvd., St. Albans, NY 11412

November 14, 2005

L05000109641

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

David H. Van De Velde

Name

6520 Pinecastle Blvd.

Address

Orlando, FL 32809-6681

City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Bruce J. Gary, Esq.

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

(Signature of Registered Agent)

CT Corporation SystemCRISTINA BRITTON

SPECIAL ASSISTANT SECRETARY

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

FILING FEE: \$25.00

BHHS18 (8/05)

FILED
 08 JAN -7 AM 8:46
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA