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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Bitburger Holdings, LLC		
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
	• ,,	
Please return all correspondence concerning	g this matter to the following:	
Tammie Freudenberger		
(Name of Person)		
(Firm/Company)		
907 Jason Drive		
(Address)		
Nicovilla El 20570		
Niceville, FL 32578 (City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
Tammie Freudenberger	at (850 ) 862-7070	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Talialiassee, Piolica 32314	
Enclosed is a check for the follow	ing 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 comp	oany is: Bitburger Holdings, LLC		
2. The mailing add	ress of the limited liab	pility company is : 4504 Hwy 20 E Ste I	3 Niceville FL 32578	
08/20/2007		L05000119328	L05000119328	
3. Date of filing/reg	gistration in Florida	4. Document num	ber	
5. The name of the r Florida Departme	registered agent and thent of State:	he registered office address as shown o	n the records of the	
	Foster, Willia	ım S		
	909 Mar Walt	Name Drive 1014	2007 J SEC	
		Address	LAH)	
Fort Walton Beach, FL 32547		TAR' TAR' ASS		
6. The name and address of the new registered agent and/or office:		المعالمات		
	Tammie Freud	denberger	PM 1:44 OF STATE E.FLORID.	
	Tallinio i roac	Name	<b>1 1 1 1 1 1 1 1 1 1</b>	
	907 Jason Driv		<b>&gt;</b>	
	Florida street	address (P.O. Box NOT acceptable)		
	Niceville	FL 32578	,	
		City, State and Zip		
confirmed that after and the business off liability company, it of the members of tor the operating agr	the change or change ice of the registered a		of the registered office of a Florida limited	
Tammie Freudenber (Printed or typed name of				
I hereby accept the comply with the pro and I am familiar w Chapter 608, F.S. (address, Thereby con (Signature of Registered)	visions of all statutes ith and accept the oblor, if this document is infirm that the limited	tered agent and agree to act in this cap relative to the proper and complete pe ligations of my position as registered a being filed to merely reflect a change liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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