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## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Valve (Nar	Brokes of North me of Limited Liability	Caroling Company)	LLC	_
Dear Sir or Madam:		ŕ		
The enclosed Registered Agent/Regist	tered Office Change an	d fee(s) are so	ubmitted for fili	ng.
Please return all correspondence conce	erning this matter to the	e following:		
(Name of Person)  Value Banke.  (Firm/Company)  2103 Blance  (Address)  3Aucson ville 12  (City/State and Zip Code	try Bho			OT MAY 21 PM 2: 47
For further information concerning thi	is matter, please call:			
Rub Aquis (Name of Person)	at (	989 - 78 rea Code & D	aytime Telepho	one Number)
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. Bo	ING ADDRES ation Section on of Corporation ox 6327 ussee, Florida 3	ons	
Enclosed is a check for the fo	llowing amount:			
\$25 Filing Fee	□ \$55 F	iling Fee & C	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: VALUE Bakes of North Caroling LLC 2. The mailing address of the limited liability company is: 2103 Planting Blue

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The mailing address of the limited Blue

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

Alta: R. Altantistice 501 E. Kennedy Blvd. Ste 1900

Address

TAMPA FL 33662

City, State and Zip 6. The name and address of the new registered agent and/or office: The vanue FL 32210

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. ignature of a member or authorized representative of a member) (Printed or typed name of signee) 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 dosument 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.

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

(Signature of Registered Agent)