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DIVISION OF CORPURATIONS

## COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CT: Valve Brake. (Name of Li	mited Liability Company)	
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing	<b>;.</b>
Please re	eturn all correspondence concerning the	his matter to the following:	
For furtl	Rob Pavis (Name of Person)  Value Brakes & LLC (Firm/Company)  2/03 Blanding Blvd (Address)  TAX. PL 32210 (City/State and Zip Code)  her information concerning this matter	<del></del>	DIVISION OF CORPORATIONS O7 AUG 31 PH 1: 20
roi juiu	4	at ( <b>366</b> ) 289-7867	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
F [ ( 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
3	Enclosed is a check for the following	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 company is: Value Bakes of Mississippi, LLC. 2. The mailing address of the limited liability company is: 2103 Blading Blw., JAY, FL 3. 1. 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: Fowler White Boygs BANKER PA

Name

Sol E. Kennedy Blud Ste 1700

Address

TAMPA RL 33602

City, State and Zip 6. The name and address of the new registered agent and/or office: TALKSONWIR 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. (Signature of a member or authorized representative of a member) Rob DAvis
(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 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. (Signature of Registered Agent)

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