L0000087784

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Office Use O	



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06 DEC 15 PH 12: 24

SECRETARY OF STATE OF ORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRANCO / ENOING- (Name of Limited Li	ability Company) EURIMOT Banco Varian
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
(Name of Person)	WEGAUNT
Brimsen Versur Concerns L.	10 / DB4 ElEVIANT BUND VENDAD
7890 Perros Zo. Sa.	117E 6-100
City/State and Zip Code)	DEC 15 P
For further information concerning this matter, please	PH 12: 21
(Name of Person) at (93	
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2006

RONALD TANNEBAUM 7890 PETERS ROAD, BLDG. G-100 PLANTATION, FL 33324

SUBJECT: BRANDED VENDING CONCEPTS, LLC

Ref. Number: L06000087784

We have received your document for BRANDED VENDING CONCEPTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 406A00069180

06 DEC 15 PH 12: 25

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: MANNEY VENDING (INCOMES.
2. The mailing address of the limited liability company is: 7490 (ETWS 720-
Suite 6-100 PLANTON, Pl. 33324
9-6-06
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: Villiam S, Kaamer 96 Suffer 97 98 98 98 98 98 98 98
6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable) 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)
(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

INHS18 (8/05)