

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368



## REGISTERED AGENT CHANGE

BORN TO EAT ENTERPRISES, LLC

Certificate of Status Certified Copy 02 Page Count Estimated Charge

C. LEWIS

JUL 1 2009

**EXAMINER** 

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGEN BOTH FOR LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the under toobility company submits the following statement in order to change its registered office agent, or both, in the State of Florida. Born to Est Enterprises, LLC 9138 BAYPOINT DRI 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ORLANDO FL 32819 9138 HAYPOINT DRIVE (b) Mailing address of limited liability company: ORLANDO FL 32819 Note: MAY BE POST OFFICE BOX) 2/1/2007 L07000011868 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATION COMPANY OF ORLANDO Registered Agent: 300 SOUTH ORANGE AVE., STE. 1000 (B1B) Registered Office Address: ORLANDO FL 32819 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System **NEW** Registered Agent: **NEW** Registered Office Address: 1200 South Pige Island Road MUST BE FLORIDA STREET ADDRESS) Plantation, 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 operation government of the limited liability company. or the operating agreement of the limited liability company. /s/ David T. Smith Signature of a member or authorized representative of a member David T. Smith - Manager 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 (Ingper 608, F.S. Or, it 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 Rogistered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08) Madonna Cuddiny
PL015 - MS07/2009 CT Referen Ouline Special Assistant Secretary