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, (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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S. HAWKES

APR 2 4 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:		
Maria C. Castan. (Name of Person)	eda		
Tasty Products (Firm/Company)	LLC.		
12918 5W 135 (Address)	terrace		
Miani- FC 33180 (City/State and Zip Code)	φ		
For further information concerning this matter, please call:			
Maria C Castanedat (Name of Person)	(186) 344.0940 (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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		

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 chai in the State of Florida.	nge its registered office or registered agent, or both,
1. Name of the limited liability company: Tastu	Roducts LLC
(a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 12918 SW 135 terrace 710 mi, FC 33186
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above
Jelovasy 2008 3. Date of filing/registration in Florida	L 080000 14942 5 8
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Vidia of Baquero
Registered Office Address:	7385 NW 78 St.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address:	W Registered Office address: Haria C Castaneda 12918 SW 135 terrace
(MUST BE FLORIDA STREET ADDRESS)	97 iani, FL 33/66
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	

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

INHS18 (05/08)