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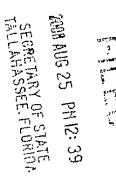
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Consideration to Filling Officer		
Special Instructions to Filing Officer:		
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Office Use Only



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T. CLINE

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EXAMINER S

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Yellow Gator Snacks (Nar	s LLC me of Limited Liability Company)	. <u>.                                   </u>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Michael Cobill	-	
Michael Cahill (Name of Person)		
Yellow Gator Snacks LLC (Firm/Company)		
1307 Corso Palermo Ct Unit 3 (Address)		
Naples FL 34105		SEC SEC
(City/State and Zip Code)	,	ENOU AUG 25 SECRETARY
For further information concerning this n	natter, please call:	
Michael Cahill		ာက် လ
(Name of Person)	(Area Code & Daytime Telephone Number	er)
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 follo	owing amount:	
□ \$25 Filing Fee		

## 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. Name of the limited liability company: Yellow Gat	tor Snacks LLC
2. (a) Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	ny: 8221 Laurel Lakes Bivd Naples FL 34119
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8221 Laurel Lakes Bivd Naples FL 34119
March 11, 2008	L0800002568
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Michael Cahill
Registered Office Address:	8221 Laurel Lakes Bivd
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Michael Cahill  1307 Corso Palermo Ct Unit 3
	<u>Naples</u> ,FL_34105
If the limited liability company is not organized under the that after the change or changes are made, the Florida streetheat 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)	cet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Michael Cahill	
(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 plan familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.

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