#10900053320

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

Registration Section

Division of Corporati	ions			
	ا مادم	Malaa D	anuta 114	^
SUBJECT:	. 		onuts, LL	
	Name of Li	mited Liabii	nty Compan	у
Dear Sir or Madam:				
The enclosed Registered Age	ent/Registered Of	fice Change	and fee(s) a	are submitted for filing.
Please return all corresponde	ence concerning th	nis matter to	the following	ng:
Allo	Mustafa			
	Mustafa f Person		_	
raneo	i i cison			
	S Donuts, LLC		_	
Firm/Co	mpany			
1578	3RD ST.			
Addre				
Winter Hav	en, FL 33880			
	nd Zip Code			
·	•			
dunkinhaskin	31@vahoo.com			
dunkinbaskin E-mail address: (to be used for	future annual report not	ification)		
For farther information cons	in a thia maattan	. mlanca onl'	ī.	
For further information conc	erning this matter	, piease car	l i	
Alla Mustaf	a	at (<u>863</u>)	326-8249
Name of Person			Area Code & D	Daytime Telephone Number
STREET/COURIER	ADDRESS:	MA	AILING ADI	DRESS:
Registration Section		Registration Section		
Division of Corporatio	ns	Division of Corporations		
Clifton Building		P.C	D. Box 6327	
2661 Executive Center	Circle	Tal	llahassee, Flo	rida 32314
Tallahassee, Florida 32	2301 .			
Enclosed is a check	for the following	amount:		
\$25 Filing Fee		 \$:	55 Filing Fe	e & 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. Name of the limited liability company:	Lake Wales Donuts, LLC
2. (a) Principal office address of limited liability compar	ny: 2000 SR 60
(Note: MUST BE STREET ADDRESS)	Lake Wales, FL 33898
(b) Mailing address of limited liability company:	1578 3RD ST. 196 8 1
(Note: MAY BE POST OFFICE BOX)	Winter Haven, FL 33880
06/01/2009	L09000053320
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:	National Corporate Research, LTD., Inc.
Registered Office Address:	155 Office Plaza Drive Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Alla Mustafa
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1578 3RD ST. Winter Haven ,FL 33880
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
Husam Mustafa 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 and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office iny has been notified in writing of this change.

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

Signature of Registered Agent