Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H10000058729 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		 	 	

LLC REGISTERED AGENT CHANGE LBB HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE

MAR 1 6 2010

EXAMINER

TICED

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.

Name of the limited liability company:	LBB Holdings, LLC				
2. (a) Principal office address of limited liability compan	y: 2 S. Biscayne Blvd,				
(Note: MUST BE STREET ADDRESS)	Suite 3400 Miami FL 33131		· · · · · · · · · · · · · · · · · · ·		
(b) Mailing address of limited liability company:	2 S. Biscayne Blvd.				
(Noie: MAY BE POST OFFICE BOX)	Suite 3400 Miemi FL 3313?				
7/28/2009	L09000072331				
3. Date of filing/registration in Florida	4. Document number	·			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:			
Registered Agent:	GY Corporate Services, Inc.				
Registered Office Address:	2 S. Biscayne Blvd	Ä.SE	201d		
	Suite 3400	75.23	苦		
	Miami PL 33131	<u> </u>	3		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	ARY OF	15 番		
NEW Registered Agent:	C T Corporation System	<u> </u>	_ 		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	DRIE.	မ္		
	Plantation,	FL <u>33324</u>			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company [Additional Company of the limited liability company or as other or the operating agreement of the limited liability company of the	lorida street address of the regist- ical. Or, in the case of a Florida was/were authorized by an affir wise provided in the articles of o	ered offic limited mative vo	ote		
Printed or typed name of signer					
	gree to act in this capacity. I fur per and complete performance of lition as registered agent as prov- rely reflect a change in the regist has been notified in writing of the na Cuddiny stant Secretary	ther agre of my duti iided for ered offic his chang	e to es, in :e :e.		
Division of Corporations, P.O. Box 632 FILING/FEE: S2	7, Tallahassee, FL 32314				

By: