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L09000078220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

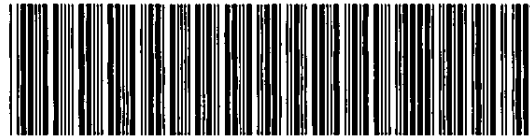
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Z113 NO: 21 AM 11: 53
STATE OF FLORIDA
TALLAHASSEE

S. BOSTICK
NOV 25 2013
EXAMINER

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: THE RICOTTA & CHEESE FACTORY, LLC

2. (a) Principal office address of limited liability company: THE RICOTTA & CHEESE FACTORY, LLC
 (Note: **MUST BE STREET ADDRESS**) 4241 LB MCLEOD RD, STE D
ORLANDO, FL 32811

(b) Mailing address of limited liability company: THE RICOTTA & CHEESE FACTORY, LLC
 (Note: **MAY BE POST OFFICE BOX**) 4241 LB MCLEOD RD, STE D
ORLANDO, FL 32811

08/13/2009

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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: _____

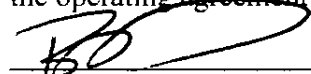
Registered Office Address: _____

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: BRIAN VELEZ

NEW Registered Office Address: THE RICOTTA & CHEESE FACTORY, LLC
 (MUST BE FLORIDA STREET ADDRESS) 4241 LB MCLEOD RD, STE D
ORLANDO, FL 32811

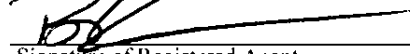
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 operating agreement of the limited liability company.



 Signature of a member or authorized representative of a member

BRIAN VELEZ
 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 Chapter 608, F.S. Or, if 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 Registered Agent

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