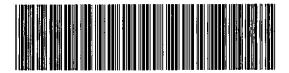
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SECRETARY OF STATE

J. BRYAN

AUG - 2 2011

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT:	BICC Brothers LLC	
	e of Limited Liability Company	1
Dear Sir or Madam:		
The enclosed Registered Agent/Register	ered Office Change and fee(s) a	re submitted for filing.
Please return all correspondence conce	rning this matter to the followin	g:
Mark Biccum		
Name of Person		
BICC Brothers LL	C	SEC
Firm/Company		经后
17695 N. Dale Mabry	Hwv	AUG-1 PM
Address		
Lutz, FL 33548		STATE STATE
City/State and Zip Code		™ -
mbiccum@jakeshambur E-mail address: (to be used for future annual	grs.com report notification)	
For further information concerning this	s matter, please call:	
Mark Biccum Name of Person	at (<u>813</u>)	265-8888
Name of Person	Area Code & Da	sytime Telephone Number
STREET/COURIER ADDRESS		
Registration Section Division of Corporations	Registration Sect Division of Corpo	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Flori	ida 32314
Tananassee, Florida 32301		
Enclosed is a check for the fol	llowing amount:	
 √ \$25 Filing Fee	\$55 Filing Fee	& Certified Copy
INHS18 (5/08)		

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 limite	ed liability company:	BICC Brothers LLC		
2. (a) Principal offic	e address of limited liability compa	any: Jake's Wayback Burgers		
(Note: MUS	T BE STREET ADDRESS	17695 N. Dale Mahry Hwy Lutz, FL 33548		
(b) Mailing addre	ss of limited liability company:	Jake's Wayback Burgers		
(Note: MAY	BE POST OFFICE BOX)	17695 N. Dale Mabry Hwy Lutz, FL 33548		
	2/2009	L09000108731		
3. Date of filing/regis	stration in Florida	4. Document number		
5. (a) Registered Ag	gent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Ag	gent:	The Company Corporation		
Registered Of	fice Address:	1201 HAYS STREET TALLAHASSEE FL 32301 US		
(b) Enter name of	NEW Registered Agent and/or N	EW Registered Office address:		
<u>NEW</u> Registe	red Agent:	Mark Biccum		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17695 N. Dale Mabry Hwy			
(MUSI BE FLURIDA SIREET ADDRESS)		Lutz ,FL33548	. ^	
confirmed that after it and the business offic liability company, it i of the members of the or the operating agree	company is not organized under the change or changes are made, the ce of the registered agent will be ide to the change agent will be identified that the change alimited liability company or as often of the limited liability company or as of the liability company or as of	ne laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida infliction e(s) was/were authorized by an affirmative vace herwise provided in the articles of organization any.	FILEL	
	Mark Biccum			
Printed or typed name of sig				
I hereby accept the a comply with the provi and I am familiar wit Chapter 608, F.S. Or address, I hereby con	ppointment as registered agent an isions of all statutes relative to the h and accept the obligations of my r, if this document is being filed to firm that the limited liability comp	d agree to act in this capacity. I further tyree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		
Signature of Registered Are	Mark Biccum			

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

INIIS 18 (05/08)