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(Requestor's Name)				
(Addr	ess)			
(Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Docu	ument Number)			
Certified Copies	Certificates	s of Status		
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RALLAHASSEE, ELOBINA

D. BRUCE
JUN 0 1 2011
EXAMINER

COVER LETTER

TO:	Registration Division of C								
SUB	JECT:				onuts,				
		Name of	Limited	i Liabi	lity Con	npany			
Dear	Sir or Madam:								
The e	enclosed Registe	ered Agent/Registered	Office (Change	e and fee	e(s) are submit	ted for filing.		
Pleas	e return all corr	espondence concerning	g this m	atter to	the foll	lowing:			
		Jason Gordon							
		Name of Person					Z &		
							## {= !		444
	S. (Gordon Corporation					EX.	HE AW	***
		Firm/Company		_			3SE XX	-	į,
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	•	errace Hall Avenue				•	<u> </u>	င်း	U
		Address			•		R	-	
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	D.,	ulim urba ur. 344 04000							
		rlington, MA 01803 ty/State and Zip Code	 .		_				
	Ci	ty/State and Zip Code							
	igorda	n@caardanaarn aas							
E	-mail address: (to be	on@sgordoncorp.com used for future annual report	notificatio	n)					
For fi	urther information	on concerning this mat	ter, plea	ise call	l:				
	Jason	Gordon	at (781)	222-0)95 <u>5</u>		
	Name of	Person	, , , , , , , , , , , , , , , , , , ,		Area Code	& Daytime Telep	hone Number		
	STREET/COL	JRIER ADDRESS:		M A	II ING	ADDRESS:			
	Registration Se		MAILING ADDRESS: Registration Section						
	Division of Co			Division of Corporations					
	Clifton Buildin			P.O. Box 6327					
	2661 Executive			Tal	lahassee,	Florida 32314			
	Tallahassee, Fl	orida 32301							
	Enclosed is a	check for the followi	ng amo	unt:					
	\$25 Filing	Fee		\$5	55 Filing	Fee & Certifi	ed 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.

Name of the limited liability company:	Sunset Strip Donuts, LLC			
2. (a) Principal office address of limited liability compan	y: 10019 Sunset Strip			
(Note: MUST BE STREET ADDRESS)	Sunrise, FL 33322			
(b) Mailing address of limited liability company:	87 Terrace Hall Avenue			
(Note: MAY BE POST OFFICE BOX)	Burlington, MA 01803			
3/11/2010	L10000027352			
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:	Gordon, Stanley M			
Registered Office Address:	3385 NW 53rd Circle Boca Raton, FL 33496			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Gordon, Stanley M S S S S S S S S S S S S S S S S S S			
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 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.				
address, I hereby confirm that the limited liability company	y has been notified in writing of this change.			

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