L10000058514

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Document Number)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800206970508

05/02/11--01053--024 **55.00

11 MAY -2 PM 1:45

T. HAMPTON |

EXAMINER

COVER LETTER

Division of Corpora	ations					
SUBJECT:						
	Name of I	_imited	Liability Con	npany		
Dear Sir or Madam:						
The enclosed Registered A	gent/Registered (Office C	hange and fee	e(s) are submitted for filing.		
Please return all correspon-	dence concerning	this ma	tter to the fol	lowing:		
	ry Bagarozy					
········	VIII GIJANI					
	cker Inc. Company		<u> </u>			
	narron Road					
Putnam Va City/State	alley, NY 10579 and Zip Code					
pducerp(E-mail address: (to be used fo	@earthlink.net	otification))			
For further information cor						
Gregory Bag	arozy	_ at (845)	661-3616		
Name of Person			Area Cod	e & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a checl	s for the followin	g amoi	ınt:			
\$25 Filing Fee			\$55 Filing Fee & Certified Copy			

TO: Registration Section

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:	Spicy Food Productions, LLC
2. (a) Principal office address of limited liability cor	mpany: 104 East 11th Ave,
(Note: MUST BE STREET ADDRESS)	Windermere FL 34785
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	21 Cimarron Road Putnam Valley, NY 10579
June 1, 2010	L10000058514
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	Pamela Betz
Registered Office Address:	104 E. 11Ave Windermere, FL 34786
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	r <u>NEW Registered Office address:</u> <u>Gregory Bagarozy</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability consorted the operation of all statutes relative to the and I am familiar with and accept the obligations of all statutes relative to the analysis of the comply with the provisions of all statutes relative to the analysis of the complex confirming that the limited liability consorted the limite	r the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative wote otherwise provided in the articles of organization apany. 2 CRETARY OF CORRECT ARY OF CORRE
Signature of registered Agent	

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