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COVER LETTER

TO: Registration Section Division of Corporations FUN RUM FOODS LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RICHARD E. ENGLISH Name of Person Advocate Accounting CPA LLC Firm/Company 7512 Dr. Phillips Blvd Ste 50-948 Address Orlando, FL 32819 City/State and Zip Code rickecpa@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ulric Augustin STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section · **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, Florida 32314

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2661 Executive Center Circle Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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: FUN RUM FOODS LLC		
2. (a) Principal office address of limited liability company	, , , , , , , , , , , , , , , , , , ,	
(Note: MUST BE STREET ADDRESS)	/·	EM Em
(b) Mailing address of limited liability company:	1104 EAST TREMONT AVE, UNIT 1 A	2017 万
(Note: MAY BE POST OFFICE BOX)	BRONX, NY. 10460	
		5 N
8/4/2011	L11000089508	震 5
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	t. of State:
Registered Agent:	Kabat, Schertzer, De La Torre, Taraboulos &	k Co.
Registered Office Address:	9300 S. Dadeland Boulevard, Suite 600	
	Miami, FL 33156	
NEW Registered Agent: NEW Registered Office Address:	7512 Dr. Phillips Blvd	
(MUST BE FLORIDA STREET ADDRESS)	Ste 50-948	
	Orlando	,FL 32819
If the limited liability company is not organized under the legistered 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) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the regical. Or, in the case of a Florid	istered office da limited
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, in this document is being filed to me address, thereby confirm that the limited liability company	rely reflect a change in the res has been notified in writing t	further agree to e of my duties, rovided for in gistered office of this change.
Signature of Registered Agent		

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