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D. BRUCE

NOV 1 3 2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Simply Cupcakes of Vaples The Name of Limited Liability Company	LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the following:	
Anthony D. Cifelli Name of Person	
Simply Capcakes of Vaples II	SEGR! TALL AI
934 Dill Dr. Address	SECRETARY OF STATE
Pittsburgh PA, 15227 City/State and Zip Code	RIDE Section 1
ADCi fell: QAOL, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Authory Cifelli at (412) 251-278 Name of Person Area Code & Daytime Telepho	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Engiosed is a check for the following amount.	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company: Simply	Cupcakes of Waples # LL(
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	1y: 300 Tamiami Trl Vorth Vaples FL, 34102
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	300 janian; TV Vorth Naples FL, 34102
9-19-2011 3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	300 +amfami Tvail Vertle Vaples, FL 324 183
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (a the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote of
Authory D. Cifelli 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