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R. WHITE.

JAN 2 9 2003

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Biralin Disc	ount 6tore	
2 (6 Cus Stewart Rd	
,	,	Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		(Note: MUST BE STREET ADDRESS)	(A) A - O E) 2221	
		$\frac{L(1) \circ (G \cap G) \cap L(2)}{L(1)}$	religion is some	
		(0/14/19 L190	000157862	
3.		Date of filing/registration in Florida 4.	Document number	
5.	(a)	Evelyn Kader	<u>-</u>	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:	
		5906 Gus Stewart (20)	_	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		2017		
		Lakeland FL 338/2	2 U Z B	
4	b)	Abe Kader	(
	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	28	
		1549 5 Combee Rd	==	
		NEW Registered Office Address:	- - ω	
			32	
			_	
		Lakeland FL 33801	_	
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.				
6,	1	tre of a member authorized representative of a member	Printed or typed name of signce	
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 605, 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.				

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