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<u>LEURETÁNT UH STATE</u> TALLAHASSEE, PLURIDA

Debokan L. Kriner (Requestor's Name)
(Requestor's Name)
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

FILED

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 of registered: 28 agent, or both, in the State of Florida.

agent, or both, in the State of Florida.
I. The name of the limited liability company is: IDEAL BRANDS ENTERPRISES TAKY OF STATE
2. The mailing address of the limited liability company is: 100 SOUTH THIRD STREET
COLUMBUS OH 43215
09/10/2001 M0100002068
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: BONNETTE, SCOTT
Name 250 SOUTH AUSTRALIAN AVE., STE. 1204
Address WEST PALM BEACH FL 33401 City, State and Zip
5. The name and address of the new registered agent and/or office:
DEBORAH L. KRINER
5500 VILLAGE BLVD., STE. 200
Florida street address (P.O. Box NOT acceptable)
WEST PALM BEACH FL 33407
City, State and Zip
f 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 iability 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.
Shature of a member or authorized representative of a member)
James A. Rutledge, Authorized Representative
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. Open this document is being filed to merely reflect a change in the registered office address, I hereby of first that the limited liability company has been notified in writing of this change.

(Signature of Hegistered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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