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/Bo	questor's Name)			
(Re	questors mame)			
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(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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CT CORPORATION

January 13, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5764620 SO

Customer Reference 1:

Customer Reference 2: 214 651-4428

Dear Secretary of State, Florida:

Please file the attached:

HUNTSVILLE DAIRY, LLC (DE) Change of Agent *Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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. The name of the limite	d liability company is:	HUNTS	SVILLE DAIRY, LL	.C
2. The mailing address of the limited liability company is: 3811 Turtle Cree				k Blvd., Suite 1300
		F	Dailas, Texas 7	
12/21/2001			M01000002	368
3. Date of filing/registration in Florida			4. Document num	nber
5. The name of the register Florida Department of	ered agent and the register	red office	address as shown o	on the records of the
riona Department or	CORPORATION SER	RVICE C	OMPANY	
	1201 Hays Street	Vame		
	Tallahasee, FL 32301			MS M 1 A 1 L
	City, St	tate and 2	Lip	The state of the s
6. The name and address of	of the new registered age:	nt and/or	office:	
	C T CORPORATION SYSTEM			
	1200 S. Pine Island Road			
	Florida street address (P.O. Box	NOT acceptable)	
	Plantation,	FL 33	324	
	City, Sta	te and Zi	p	
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company is a limited liability company.	nange or changes are made the registered agent will reby confirmed that the classification d liability company or as if the limited liability con	le, the Flo be identi- hange(s) otherwis	orida street address of	of the registered office
Frederick J. Fowler, Vi	ce President			
(Printed or typed name of signee)			•	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered age s of all statules relative t d accept the obligations o his document is being file that the limited liability	nt and ag o the pro of my pos ed to mer company	ree to act in this ca per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Rogistered Agent)	M	iichael E	. Jones	
	As on of Corporations, P.O.		Sectetary 27, Tallahassee, FL	32314
INHS18(10/99)	FILING	FEE: \$	25.00	