N 02000000202

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TRANSMITTAL LETTER

	amendment Section Division of Corporations		—	·		
SUBJEC	T: Yamato Brea		<u>-</u> -	· · ·	臺	
		(Name	of corporation	1)	_	
DOCUM	IENT NUMBER: MO	2000000202			<u> </u>	<u></u>
The encl	osed Statement of Chang	ge of Registered	Office/Agen	t and fee are su	ibmitted for	filing.
Please re	turn all correspondence	concerning this	matter to the	following:		
Ka	therine Kirk (Name of p	erson)		, , , , , , , , , , , , , , , , , , ,	in the second se	
Da	land Corporation					
	(Name of firm/o	ompany)	-			
PO	Box 789950 (Addres	a)	=.7 . <u>===-1</u>			
	(Addies	5)				
Wi	chita KS 67278 (City/state and a	zip code)		<u></u>	- 7 <u>- 44</u>	
For furth	er information concernin	g this matter, p	lease cāll:			
Ka	therine Kirk	at (772)	713-3928	=	<u> </u>
	(Name of person)		(Area code &	t daytime teleph	one number)	
Enclosed	is a \$35.00 check made	payable to the I	Department o	f State.		
Division P.O. Box	ent Section of Corporations	Street Add Amendmen Division of 409 E. Gain Tallahassee.	t Section Corporations es Street			

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 limited lia	ibility company is: _	Yamato	Bread, I	IC _	
2. The mailing address of the	limited liability comp	pany is : _	<u>2414 N. W</u>	oodlawn #20)1
			Wichita K	S 67220	
Jan 18, 2002:			M0200000	0202	*
3. Date of filing/registration i	n Florida		4. Docume	nt number	
5. The name of the registered Florida Department of State		e <u>d</u> office a	iddress as sh	own on the rec	cords of the
_ (T Corporation Sy	ystem			
	N 200 South Pine 1	lame Island R	oad		• • • •
	Ac	dress	· · · · · · · · · · · · · · · · · · ·		***
I	Plantation FL 333				
	City, St	ate and Zi	5		•
	e new registered ager Villiam N. Kirk Moss, Henderson,			Kretschmer	& Murphy, P.A.
8	Na: 317 Beachland Bou	me i <u>le</u> vard			G
Fl	orida street address (I	P.O. Box N	OT accepta	ıble)	03 V.S.
7	Vero Beach	32 T.	964		SIGNETARY BAUG 20
	City, Stat	e and Zip		 . <u>.</u> :	20
If the limited liability company confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited liathe operating agreement of the (Signature of a member of authorized by	e or changes are made registered agent will be confirmed that the chaptility company or as a limited liability com	e, the Flori be identica lange(s) was otherwise	ida street add l. Or, in the as/were auth	dress of the reg case of a Flori orized by an a	gistered office ida limited if
(Signature of a member of authorized to	piesentative of a member)				
William J. Walsh, Jr	., President			,	
(Printed or typed name of signce)			•	* 	
I hereby accept the appointment comply with the provisions of and I am familiar with and acceptanter 608, F.S. Or, if this candidates, I hereby confirm that	ent as registered ager all statutes relative to cept the obligations o locument is being file the limited liability o	nt and agree the prope f my positi d to merel company hi	re to act in the re and complion as regist y reflect a cl as been noti	his capacity. I lete performan ered agent as p hange in the re fied in writing	further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Registered Agent)					

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

INHS18(10/99) FILING FEE: \$25.00