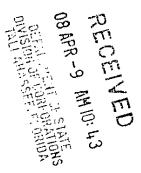
MU2UWU00457

(R	equestor's Name)					
(A	ddress)					
(Ad	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(B	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
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SECRETARY OF STATE
ALLAHASSEE, FLORID

B. KOHR

APR - 9 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 515751

7625719

AUTHORI	LIMIT	Smell	Eden	
COST	LIMIT	(\(\{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25.00	
				-

ORDER DATE: April 4, 2008

ORDER TIME : 9:24 AM

ORDER NO. : 515751-110

CUSTOMER NO: 7625719

CHANGE OF AGENT

NAME:

EMPIRE TODAY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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.

280.00, 0. 000.00, 0.0 0.00	,						
1. The name of the limite	d liability company i	s: <u>EMPIRE</u>	TODAY, LLC				
2. The mailing address of	f the limited liability	company is: _3	33 NORTHWE	EST AVE			
NORTHLAKE, IL 6	0164						
02/21/2002 3. Date of filing/registration in Florida		M0200000457 4. Document number					
5. The name of the register Florida Department of		gistered office a	ddress as shown o	n the records of the			
	CT Co	rporation Sys Name	stem				
		outh Pine Islan Address		=			
Plantation, FL 33324 PM & City, State and Zip							
6. The name and address	•	•		APR -9 CRETAR			
	Corporation	on Service Co Name	mpany	SHY R M			
	FISTA 2						
	Florida street addre	l Hays Street ess (P.O. Box N		R-9 PH 1:21 TARY OF STATE ANSSEE, FLORIDA			
	Tallahassee		32301				
	City,	State and Zip					
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are the registered agent reby confirmed that t	made, the Flori will be identica he change(s) was	ida street address of l. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote			
(Signature of a member or author	inad annountative of a mon	nhor)					
(Signature of a member of author	ized representative of a men	noci)					
Maureen Cullen, Aut (Printed or typed name of signee)	horized Person						
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered is of all statutes related accept the obligation his document is being that the limited liabi	agent and agre ive to the prope ons of my positi g filed to merel lity company ho	ee to act in this cap r and complete pe on as registered a y reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.			

(Signature of Registered Agent) Sylvia Queppet, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00