M13000001559

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status _						
Special Instructions to Filing Officer:						
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TE JAN 27 AM 1:46
SECRETARY OF STATE
FALL SHASSEF, PLANE

(RM) 2-2-15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: January 23, 2015

Order#: 463906-004

Re: BAKERS 2013, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

15 JAN 27 AN 1:46

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.

2 (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(h)	(b) 345 Marshall Avenue Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2. (u)						
	Suite 201			Suite 201		
	St. Louis	M(63119		St. Louis	MO 63119	
	03/12/2013			M13000001559		
3.	Date of filing/reg	istration in Florida	4.	Documen	nt number	
5. (a) C T Corporation System	n				
J. (a	Registered Agent and Registere		of the Florida	Dept. of State:		
	1200 South Pine Island	Road				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			>	
					AND IN THE SECOND	
	Plantation	, 1	FL <u>33324</u>		SS 200 PO CHARMAN CHARMAN	
					(T)()	
(b)	Corporation Service Com	npany				
	Enter name of NEW Registered	d Agent and/or NEW Register	red Office add	ress:	STATE O	
					三	
	1201 Hays Street				ç. >	
	NEW Registered Office Addre	ss:	-	.		
	Tellahaana	,	ET 22204			
	Tallahassee		FL <u>32301</u>			
the chagent was/v	nange or changes are made, to will be identical. Or, in the	the Florida street address case of a Florida limited ative vote of the member	of the regist liability cons s of the limi he limited li	tered office and the mpany, it is hereby of ted liability companability company.	s hereby confirmed that after business office of the registered confirmed that the change(s) by or as otherwise provided in	
Ciar	nature of a member or authorized re	necessative of a member	Dona	Printed or	Person r typed name of signee	
_					· ·	
provi the oi to me	sions of all statutes relative bligations of my position as rely reflect a change in the i ed in writing of this change	to the proper and comple registered agent as provi registered office address,	ete performa ded for in C	nce of my duties, an hapter 605. F.S. Or	urther agree to comply with the and I am familiar with and accepr, if this document is being filead liability company has been	
•		(nb)				
Signa	ture of Registered Agent Corpor	ration Service Company	y BY: G	race E. Kirby, Ass	t. VP	

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