P06000110937

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	o #)
	WAIT	
(Bu	siness Entity Nam	ne)
(Document Number)		
ertified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



300082152923

11/30/06--01047--005 **35.00

TALLAHASSEE, FLORIDATE

RA Ches' Sp

COVER LETTER

ŢO:	Amendment Section Division of Corporations
	Division of Corporations
Surie	ECT: Liquid Vending, Inc.
SUBSI	(Name of Corporation)
DOCU	MENT NUMBER: P06000110937
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jennifer J. Ator, Esquire
	(Name of Contact Person)
	Tannebaum Weiss, PL
	(Firm/Company)
	150 West Flagler Street, Suite 2850
	(Address)
	Miami, Florida 33130
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Jenni	fer J. Ator, Esquire at (305) 374-7850 (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Liquid Vending, Inc.		
2. The principal office address: 437 NW 97th Avenue; Plantation, Florida 33324		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 08/24/2006 Document number: P06000110937		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
William S. Kramer		
2255 Glades Road, Suite 414-E		
Boca Raton, Florida 33431		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jennifer J. Ator, Esquire		
Jennifer J. Ator, Esquire		
150 West Flagler Street, Suite 2850		
(P.O. Box NOT acceptable) Miami, Florida 33130		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
Starley Hadstore Santey Glad Store RES. (Pended or typed name and title)		
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
(Signature of Registered Agent) 1 21 06 (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *