P93000026353

(Requestor's Name)			
(Address)			
· (Address)			
(National)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
•			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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07 HAY I 4 PH 4: 03
SECRETARY OF STATE
ALLAHASSEE. FLORIO

HAChange. 05/17/07

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: IL BACIO, INC. (Name of Corporation)			
DOCUMENT NUMBER: 193000 26353			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
SARANNE Kimble (Name of Contact Person)			
TL BACIO, INC. (Firm/Company)			
(Firm/Company)			
631 N. GRANDUIEW AVE (Address)			
DAYTONA Beach, FL 32118 (City/State and Zip Code)			
For further information concerning this matter, please call:			
SARANNE Kimble at (386) 672-2588 (Name of Contact Person) at (Area Code & Daytime Telephone Number)			
Enclosed 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 chan	ge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: IL-	BACIO, INC.
		J. GRANDVIEW AVE
·	DAYTON	UA Beach, FL 32118
3. The mailing ad	dress (if different):	SAME
4. Date of incorpo	oration/qualification: 04/06	1993 Document number: <u>1930000 26353</u>
5. The name and Florida Departs		istered agent and registered office on file with the
	AURELI	A ESPOSITO
	625 N	. HALIFAX AVE UNIT 32B
		Beach, Fr 32118
6. The name and (if changed):		ered agent (if changed) and /or registered office LAHASS
	SARANUE	KIMBLE SSA F
-	631 N. (SRANDUIEW AVENUE FOR P
_	DAYTONA 1	Beach, FL 32118 REST
The street addres as changed will I	s of its registered office and the	ne street address of the business office of its registered agent,
Such change was authorized by the	authorized by resolution duly board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Saran	ne Kimble e of an officer of director)	SARANNE Kimble (Printed or typed name and title)
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as registered a comply with the provisions of l I am familiar with and accept g filed merely to reflect a chan been notified in writing of this	agent and agree to act in this capacity. f all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.
Sara	nne timble	5-10-2007 (Date)
If signing on beh	•	
(Ту	ped or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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