L10005114140

, (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
· ;		

Office Use Only



700269717577

02/23/15--01020--017 **25.00

15 FEB 23 PM 3: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND FILED



COVER LETTER

TO:	O: Registration Section Division of Corporations		
SUBJI			
	Name of Limited Liability Company		
Dear S	r or Madam:		
The en	closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Rebecca Batista		
-	Name of Person		
	Rebecca Batista LLC Firm/Company		
	808 N Franklin Apt 1701 Address		
	City/State and Zip Code		
	SECCABATISTAMD@YAHOO, COmmail address: (to be used for future annual report notification)		
For fur	her information concerning this matter, please call:		
	Rebecca Batista at SO4, 615-834 Name of Person Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following amount:		
	\$25 Filing Fee & Certified Copy		
INLICTO	(2/14)		

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. 1. Name of the limited liability company: ranklin (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MUST BE STREET ADDRESS) 10-25-2010 Date of filing/registration in Florida 3. Document number Kebecca Batista (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: EIN: 27-3749233 tranklin St believe it is Currently a POBOX-Please Change Enter name of NEW Registered Agent and/or NEW Registered Office address: all to Franklin 808 N Franklin St NEW Registered Office Address: address in If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Kebecca Bati Signature of a member or authorized representative of a member Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (2/14)