

4/30/24, 10:16 AM

**F04000005957**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, FL

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**REGISTERED AGENT CHANGE  
FIRST COAST FRANCHISING, INC.**

Certificate of Status	0
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R. HUNT

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04/30/24

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NC in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST COAST FRANCHISING, INC.

2. The principal office address: 801 JONES FRANKILIN ROADSUITE 230, RALEIGH, NC 27606

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/19/2004 Document number: F04000005957

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RICHARD Espaillat  
5700 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.  
476 Riverside Ave.  
Jacksonville, FL 32202

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

APR 30 AM 8:09

FD

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.

*Mike Kearns*

\_\_\_\_\_  
Signature of an officer or director

Michael Kearns, President  
Printed 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.*

*John Moseley*  
\_\_\_\_\_  
Signature of Registered Agent

4/30/2024  
Date

If signing on behalf of an entity:

John Moseley  
Typed or Printed Name

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

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

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