

L12000021165

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

RA

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -1 AM 8:10

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mducker@goldenoppusa.com

RECEIVED
13 JUL -1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
GOLDEN OPPORTUNITIES FRANCHISE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

J. SAULSBERRY
EXAMINER
JUL -2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN OPPORTUNITIES FRANCHISE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Ducker

Name of Person

Golden Opportunities

Firm/Company

400-A Ansin Blvd.

Address

Hallandale, FL 33009

City/State and Zip Code

mducker@goldenoppusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ducker

Name of Person

at (954) 333-8601 ext. 112

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

\$55 Filing Fee & Certified Copy

2013 JUL -1 AM 8:10
REGISTRATION STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: GOLDEN OPPORTUNITIES FRANCHISE, LLC

2. (a) Principal office address of limited liability company: 400-A Ansel Blvd.
(Note: MUST BE STREET ADDRESS) Hallandale Beach, FL 33009

(b) Mailing address of limited liability company: 400-A Ansel Blvd.
(Note: MAY BE POST OFFICE BOX) Hallandale Beach, FL 33009

02/13/2012
3. Date of filing/registration in Florida

L12000021185
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: John Gravante, III

Registered Office Address: 25 W. Flagler Street #800
Miami, FL 33130

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

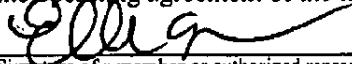
NEW Registered Agent: Greenspoon Marder, P.A

NEW Registered Office Address: 100 W. Cypress Creek Road
(MUST BE FLORIDA STREET ADDRESS) Suite 700
Fort Lauderdale, FL 33309

2013 JUL - 1 AM 8:10
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

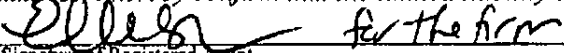
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.


Signature of a member or authorized representative of a member

Ellen Gilmore, Esq.
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 608, 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