

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

RECEIVED

2024 APR 30 PM 1:34

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

Email Address: _____

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 APR 30 PM 1:09

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

R. HUNT

Electronic Filing Menu Corporate Filing Menu Help

04/30/24

((H24000157266 3)))

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 FRANKLIN ROAD SUITE 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 Espallat

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.

P O Box NOT acceptable

Jacksonville, FL 32202

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
CR2E045 (04/13)

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