F07000005036

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		

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JUN 0 5 2017 S. YOUNG

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632-076

Re: FRANKLIN & SEIDELMANN, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of OH registered agent, or both, in the State of Florida.
	the corporation: FRANKLIN & SEID	
	office address:	
	Sunrise Boulevard Mailstop PL-6 P	lantation FL 33322
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 10/10/2007	Document number: F07000005036
	d street address of the current registortment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROA	.D
	PLANTATION	FL 33324
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	x NOT acceptable
	Tallahassee	FL 32301
as changed will	be identical.	treet address of the business office of its registered agent,
		opted by its board of directors or by an officer so en notified in writing of the change.
	e E Whee	Jill Cilmi, Vice President
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of all my duties, and I am familiar with a	Printed or typed name and tule nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered oreflect a change in the registered office address, I fied in writing of this change.
By: Llia	re C. T. V. O. L.	05/24/2017 Date
	nature of Registered Agent	Date .
It signing on be	half of an entity:	
Grace E. Kirby,	Asst. Vice President	
T	yped or Printed Name	

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

CKS PAYABLE TO FLORIDA DEPARTMENT OF STA