LOS 0000 113365

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

Office Use Only



500078714245

08/21/06--01045--003 **150.00

2006 AUG 21 PM 12: 57

05-113365

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Barchmark Frank (Name of Limited)	Chising LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	- · · · · · · · · · · · · · · · · · · ·
ı	
Mauk Milbarn (Name of Person)	2006 AUG SECRE
Berchmark Franchisin	SECRETARY OF STATE SELLAHASSEE FLORIU
4638 Secret River To	rail PRIDA
Port Orange, FC 30 (City/State and Zip Code)	2129
For further information concerning this matter, pleas	se call:
(Name of Person) at (3	(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 amou	int:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. The name of the limited liability company is: Benchmark Franchising UC 2. The mailing address of the limited liability company is: 4638 Segret River Training UC Part Urange FC 33139
Port urange Fl 32129
,
11-28-05 3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: City Care City Ci
6. The name and address of the new registered agent and/or office:
Name Name Name River Trail Florida street address (P.O. Box NOT acceptable) Part Garge FL 32129 City, State and Zip
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)
(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