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/Pa	auastads Nama)				
(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	· #)			
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	ocument Number)				
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Certified Copies	Certificates	of Status			
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Special Instructions to Filing Officer:					





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OCT 10 2019

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COVER LETTER

TO:

то:	Registration Section Division of Corporations			
SUBJ	FRANCHISEMART, LLC			
		e of Limited L	iability Company	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to the	following:	
Mark	c D. Nichols			
	Name of Person			
FRA	NCHISEMART, LLC			
	Firm/Company			
2121	Vista Parkway			
	Address		-	
Wes	t Palm Beach, FL 33411			
	City/State and Zip Code			
mnic	:hols@ufgcorp.com			
	E-mail address: (to be used for future ann	ual report noti	fication)	
For fi	orther information concerning this matter,	please call:		
Mark	CD. Nichols	561	868-1453	
	Name of Person	····	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	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	
INHS	18 (2/14)			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. Na	nme of the limited liability company: FRANCHIS	SEMART,	LLC	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2121 Vista Parkway		same	
	West Palm Beach, Fl 33411			
	06/28/2019		L070000	060530
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
()	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of Stat	- e:
	Jill K. Klein			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	-
	2121 Vista Parkway			_
	West Palm Beach	FL_33411		
		. 1 LJ <u> </u>		- 22
(b)				2013
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office add	lress;	
	Mark D. Nichols			
	NEW Registered Office Address:			- -
	2121 Vista Parkway			.;
				<u> </u>
	West Palm Beach	FL_33411		_
the cha agent v was/was/was the arti	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regis d liability co ers of the lim the limited I	tered offic mpany, it i ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in anager
Lhana	ture of a member or authorized representative of a member		in dila a	Printed or typed name of signee
nere provisi the ohi to mer- notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act lete perform vided for in (s, I hereby co	m this cap ince of my hapter 60; infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent