L08000009446

questor's Name)					
(Address)					
(Address)					
//State/Zip/Phone	e #)				
☐ WAIT	MAIL				
siness Entity Nar	me)				
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
	dress) dress) dress) WAIT wasiness Entity Nar cument Number)				

Office Use Only



200119102032

OFFISION OF COMPOSITIONS
TALLARASSEE FLORIDA

RECEIVED

B. KOHR
FEB 2 9 2008

EXAMINER





ACCOUNT NO. : 07210000032					
REFERENCE : 466336 4320758					
AUTHORIZATION: Spelle man					
ACCOUNT NO. : 072100000032 REFERENCE : 466336 4320758 AUTHORIZATION : Spelle man COST LIMIT : \$ 25.00					
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
ORDER DATE: February 29, 2008					
ORDER TIME : 9:47 AM					
ORDER NO. : 466336-005					
CUSTOMER NO: 4320758					
CHANGE OF AGENT					
NAME: FRANCHISE VENTURE, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY PLAIN STAMPED COPY					
CONTACT PERSON: Troy Todd EXT# 2940					
EXAMINER:					

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 limite	d liability company is:	Franchis	e Venture, LLC	
2. The mailing address of	the limited liability co	ompany is:		
120 Interstate North P	arkway, Suite 112,	Atlanta, C	GA 30339	·
01/28/2008			L08000009446	
3. Date of filing/registrati	on in Florida		4. Document num	nber
5. The name of the registe Florida Department of S		stered office	address as shown o	on the records of the
	Capitol Cor	porate Ser	vices, Inc.	
	Name 155 Office Plaza Drive, Suite A			
	155 Office Plaza Drive, Suite A Address Tallahassee, FL 32301 City, State and Zip ss of the new registered agent and/or office: Corporation Service Company			
6. The name and address of the new registered agent and/or office:				
	Corporation	Service C	Company	700 6
	1201	Name Hays Stre	et	DATE OF
Florida street address (P.O. Box NOT acceptable)				
	Tallahassee	FL	32301	
	City, S	State and Zip		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limor the operating agreemen	nange or changes are me the registered agent we by confirmed that the sited liability company	nade, the Flo ill be identic change(s) or as other	orida street address of cal. Or, in the case was/were authorized wise provided in the	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authori	zed representative of a memb	er)		
Steve Belew, Esquire (Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. On it address, Thereby coffirm (Signature of progistered Agent)		1	ree to act in this ca per and complete pi ition as registered e ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00