10800003047

(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:

L. SELLERS

NOV 13 2009

EXAMINER

Office Use Only



000162340980

11/12/09--01026--007 **55.00

9 NOV 12 AM 8: 45
SECRE PARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ				rsale.com lity Company
	rame of	Difficu	Liaui	nty Company
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office C	hange	and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this ma	tter to	the following:
	Characa D. Nichala			
	Steven R. Nichols Name of Person	 		
	Name of Leison			
	Franchisesforsale.com Firm/Company			<u> </u>
	rim/Company			
	0716 Myland Ct			
	9716 Wyland Ct. Address		···	
				•
	Windermere, Fl. 34786 City/State and Zip Code			<u> </u>
	City/state and Zip Code			
E	steve@nicholsmediagroup.c	om notification	1)	_
For fu	orther information concerning this mat	ter, pleas	se cal	l:
	Steve Nichols	at (407	876-5442
	Name of Person			Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		M	AILING ADDRESS:
	Registration Section			gistration Section
	Division of Corporations			vision of Corporations
	Clifton Building		P.C	D. Box 6327
	2661 Executive Center Circle		Tal	lahassee, Florida 32314
	Tallahassee, Florida 32301	_		
	Enclosed is a check for the following	ing amoi	ınt:	
	\$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.

i. Iname of the limited liability company:	<u>Franchisesforsale.com</u>
2. (a) Principal office address of limited liability compar	ny: 9716 Wyland Ct
(Note: MUST BE STREET ADDRESS)	Windermere Florida, 34786
(b) Mailing address of limited liability company:	9716 Wyland Ct
(Note: MAY BE POST OFFICE BOX)	Windermere Florida, 34786
February, 27, 2008	L08000020667
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525 US
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Steve Nichols
NEW Registered Agent: NEW Registered Office Address:	
NEW Registered Agent:	Steve Nichols
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member and liability company or as other or typed name of signee. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the period liability with and accept the obligations of my not a statute of the policy of the period liability with and accept the obligations of my not like the provisions of the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with and accept the obligations of my not like the period liability with any accept the period liability with a	Steve Nichols 9716 Wyland CT Windermere ,FL 34786 e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny. Agree to act in this capacity. Further agree to proper and complete performance of my duties, position as registered agent as provided for in
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Steven R. Nichols Printed or typed name of signee. I hereby accept the appointment as registered agent and	Steve Nichols 9716 Wyland CT Windermere ,FL 34786 e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny. Agree to act in this capacity. Further agree to proper and complete performance of my duties, position as registered agent as provided for in

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