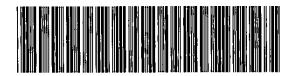
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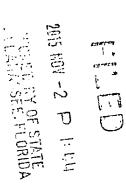
| (Requestors | s Name) | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Z | Zip/Phone #) | | | | |
| PICK-UP V | VAIT MAIL | | | | |
| (Business E | Intity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies Co | ertificates of Status | | | | |
| Special Instructions to Filing Of | ficer: | | | | |
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Office Use Only



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3 MASON



October 22, 2015

BRIAN KAHN 6608 ADAMO DRIVE TAMPA, FL 33619

SUBJECT: BUDDY'S FRANCHISING AND LICENSING LLC

Ref. Number: L09000053073

We have received your document for BUDDY'S FRANCHISING AND LICENSING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 115A00022413

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: BUddy'S Franci | nising and Licensii |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change an | d fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | e following: |
| Brian Kann Name of Person | |
| Buddys Franchising and Lic | insing LLC |
| WWW Address | |
| Tampa, Fz 33019 City/State and Zip Code | |
| bkahn @ Vintcap. Com E-mail address: (to be used for future annual report not | ification) |
| For further information concerning this matter, please call: | |
| Bran kann at 813 | Nea Code & Daytime Telephone Number |
| Registration Section R Division of Corporations D Clifton Building P | AAILING ADDRESS: egistration Section livision of Corporations O. Box 6327 fallahassee, Florida 32314 |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

| Pioriau. | | -17 | r , | | : | |
|--|--|---|--|--|---|--|
| 1. Name of the | e limited liability company; | <u>buadys</u> | tranchi | Sinsand. | -1 ca | nsing Li |
| 2. (a) DULLU | is Franchist and | Licarsing LL | (b) Bradi | 11 travenis | insa | ndLicensin |
| ÍĄ | ncipal office address of limited lia | | | ailing address of limite | i liability co | ompany: / |
| | (Note: MUST BE STREET A | DDRESS) | | (Note: MAY BE POS | T OFFICE | BOX) |
| lovi | 18 Adamo Dy | IVL | 101008 | Adamo | Dov | L |
| TAI | MMA F 22 | 1019 | Take | VON FO | 22/1 | 9 |
| 1 0(1 | 110) 1 2 | W (' | 11.(1) | Vajii. |) /(/ | |
| | 001/2009 | | | L090000 | 53 <i>C</i> | 273 |
| 3. | Date of filing/registration in | Florida | 4. | Document number | | |
| 5. (a) | ION GAZZO | | | | | |
| | Agent and Registered Office show | on the records of the | Florida Dept. of State | - * : | | |
| . \ | ilons Adamo | Dave | • | | | |
| Registere | d Office Address (MUST BE FI | ORIDA STREET AD | DRESS) | - | | |
| | | | | | | |
| | amoa Fi | , FL | 23(019 | - | | |
| 0 | | , r <u>b</u> | 7.70. | 1. 4 | ₽ğ. | |
| (b) | orian Kan | 10 | | 5清 | 521 | 117.3 |
| | c of NEW Registered Agent and/o | or NEW Registered Of | fice address: | | ्रञ् | ⊾ ஜீ -# வச |
| I | ina Ala | 1 | | [تروني] | i | |
| | suux Aaumi |) while | | . Ma | 2 | 1 |
| NEW Re | gistered Office Address: | | | 71 71 | U | |
| | | | | 85 | ••• | |
| - | | | | - 등류 | ======================================= | |
| 10 | mpa | , FL | 33019 | | | |
| If the limited lia | t bility company is not organi; | zed under the laws | of the State of Flo | orida it is hereby co | ofirmed th | nat after |
| the change or ch | langes are made, the Florida | street address of the | e registered office | and the business of | fice of the | e registered |
| agent will be ide was/were author | entical. Or, in the case of a Frized by an affirmative vote of | lorida limited liabi | lity company, it is he limited liabilin | s hereby confirmed to | hat the ch | ange(s) |
| the articles of or | ganization or the operating a | greement of the lin | nited liability con | ipany. | a wise pro | wided iii |
| (my | - 0 // | | · Ja | mes w. sla | 170m | |
| | ember or authorized representative | | | Printed or typed name of | _ | |
| I hereby accept provisions of all the obligations of to merely reflect notified in writi | the appointment as registere stututes relative to the prop of my position as registered of a change in the registered of its of this change. | ed agent and agree er and complete pe agent as provided fo iffice address, I her | to act in this capt rformance of my or or in Chapter 605 eby confirm that | acity. I further agred duties, and I am fam i, F.S. Or, if this doc the limited liability o | e to complition with tument is in the company h | ly with the and accept being filed nas been |
| Cionalina - ED !- | | | | | | |
| Signature of Regist | crea Agent | | | | | |