

L09000053073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 03 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

TO: Registration Section
Division of Corporations

SUBJECT: Buddys Franchising and Licensing LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Kahn
Name of Person

Buddys Franchising and Licensing LLC
Firm/Company

1608 Adamo Drive
Address

Tampa, FL 33619
City/State and Zip Code

bkahn@vintcap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Kahn at (813) 6235461
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

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

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.

1. Name of the limited liability company: Buddys Franchising and Licensing LLC
2. (a) Buddys Franchise and Licensing LLC (b) Buddys Franchising and Licensing LLC
 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
6608 Adamo Drive
Tampa, FL 33619
 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
6608 Adamo Drive
Tampa, FL 33619
3. 06/01/2009 Date of filing/registration in Florida
4. L09000053073 Document number
5. (a) JON GAZZO
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6608 Adamo Drive
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa FL, FL 33619
 (b) Brian Kahn
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
6608 Adamo Drive
NEW Registered Office Address:
Tampa, FL 33619

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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]
 Signature of a member or authorized representative of a member

James W. Slatton
 Printed or typed name of signer

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 605, 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]
 Signature of Registered Agent

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