L110000000 863

| (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: |
| A. LUNT |
| JUN 10 2010 |
| EXAMINER |

Office Use Only



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SECRETARY OF SIMILATINATIONS
TAIL ANASSEE, FLORES

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National Registered Agents, Inc. ... NRAI, the best choice for statutory representation≅

May 26, 2011

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: The Franklin Notebook Change of Agent -- Florida

Dear Sir/Madam:

Enclosed please find the following:

- 1- Statement of Change of Registered Agent and Office in duplicate
- 2- Check # 57/805 amount of \$ 25.00 payable to Secretary of State

Please file the enclosed and return evidence by regular mail in the self-addressed stamped envelope enclosed.

If you have any questions, please feel free to contact me at the below listed number.

Thanking you in advance, I remain,

Sincerely,

Gerri Mirando Assistant Secretary

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|-------------|--|--------------------|--------|---------------|-----------------------------|-------------|----------------|
| SHR | JECT: The | Frank | lin N | lote | book LL(| 2 | |
| ЭОВ | | | | | Company | | |
| Dear | Sir or Madam: | | | | | | |
| The | enclosed Registered Agent/Registered | Office (| Chan | ge ar | nd fee(s) are | submitte | ed for filing. |
| Pleas | se return all correspondence concerning | g this m | atter | to th | e following | g: | |
| | Gerri Mirando | | | | | | |
| | Name of Person | | | | | | |
| | National Registered Agents, Inc | ., of N. | J | | | | 70 |
| | Firm/Company | | | | | | SE WILLIES |
| | 100 Canal Pointe Blvd. Suite Address | 212 | | | | | |
| | Princeton, New Jersey 085 City/State and Zip Code | 40 | | | | | 200 |
| | eweifler@feinernwolfson.co E-mail address: (to be used for future annual report | om notification | on) | | | | |
| For f | urther information concerning this ma | tter, ple | ase ca | all: | | | |
| | Gerri Mirando | at (_ | 800 | | ′ | 7-1553 | ex 131 |
| | Name of Person | | | Are | ea Code & Day | time Teleph | one Number |
| | STREET/COURIER ADDRESS: | | | | ING ADDR | | |
| | Registration Section | | | | ration Section on of Corpor | | |
| | Division of Corporations Clifton Building | | | | оп от Согрог Вох 6327 | ations | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | | | | assee, Florid | la 32314 | |
| | Enclosed is a check for the follow | ing am | ount: | | | | |
| | \$25 Filing Fee | | | \$55] | Filing Fee & | & Certifie | ed 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.

| 1. Name of the limited liability company: | he Franklin Notebook LLC | | | | |
|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compan | y: = = = = = = = = = = = = = = = = = = = | | | | |
| (Note: MUST BE STREET ADDRESS) | 23 Spring Street Portland, CT 06480 | | | | |
| (b) Mailing address of limited liability company: | 23 Spring Street 77. | | | | |
| (Note: MAY BE POST OFFICE BOX) | Portland, CT 06480 | | | | |
| January 3, 2011 | L11000000863 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | | | | |
| Registered Agent: | Keith D. Franklin | | | | |
| Registered Office Address: | 107 Magnolia Park Trail Sanford, FL 32773 | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | NRAI Services, Inc. | | | | |
| NEW Registered Agent: | NRAI Services, Inc. | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 515 East Park Avenue | | | | |
| | Tallahassee ,FL 32301 | | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compants. Signature of a member of authorized representative of a member | s) was/were authorized by an affirmative vote rwise provided in the articles of organization | | | | |
| | | | | | |
| Keith D. Franklin Printed or typed name of signee | _ | | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compare NRAI Services. Inc. | agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. | | | | |

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

Signature of Registered Agent