11200003766

(Re	questor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
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Certified Copies	Certificates	s of Status						
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Special Instructions to	Filing Officer:							

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2017

JAMES G NEUMANN 426 LAKEPARK TRAIL OVIEDO, FL 32765 US

SUBJECT: BEST FRANCHISE CHOICE, LLC

Ref. Number: L12000003766

2011 AUG 14 PM SP 14

We have received your document for BEST FRANCHISE CHOICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 117A00015538

COVER LETTER

TO: Registration Section Division of Corporations		
Best Franchise Choice, LLC SUBJECT:		
	of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the	following:
James G. Neumann		
Name of Person		
Best Franchise Choice, LLC		
Firm/Company	-	
426 Lakepark Trail		
Address		_
Oviedo, FL 32765		
City/State and Zip Code		<u> </u>
jamesgneumann@gmail.com		
É-mail address: (to be used for future annua	al report notif	fication)
For further information concerning this matter, p	lease call:	
James G. Neumann	407	359-3189
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	Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314
Enclosed is a check for the following a	mount:	
■ \$25 Filing Fee Check # 1033 INHS18 (2/14)	□ \$:	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.	Na	me of the limited liability company: Best Franchise					
2	(a)	Best Franchise Choice, LLC	(b) Best Franchise Choice, LLC				
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited (Note: MAY BE POST	liability c	
		426 Lakepark Trail	_	426 Lake	epark Trail		
		Oviedo, FL 32765	_	Oviedo,	FL 32765		
		01/09/2012		L1200000	03766		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	Best Franchise Choice, LLC					
• -	(**)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- e:		
		NEUMANN, JAMES G					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>]</u>	_		
		1809 E. BROADWAY STREET SUITE 200					
		OVIEDO ,FL	32765		•		
	(b)					17 AUG	
	• • •	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ASSE	4	
		Frames 6 Neumann			_ _ بن - بن		rr,
		NEW Registered Office Address:				AM 11:49	en ant t
		426 Lakepark Trail			10.2	61	
		Oviedo FL	32765		_		
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regis bility co `the lim	tered office mpany, it is ited liability	e and the business offi s hereby confirmed th y company or as other	ce of th at the cl	e registered hange(s)
<u></u>	1	1-ps:	Jan	nes G. Ne			
	_	ure of a member or authorized representative of a member			Printed or typed name of	_	
pro the to i	ovisi obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address. I ha I in writing of this change.	re to act performa for in C ereby co	in this cape ince of my c hapter 605 onfirm that i	acity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to compliar with iment is ompany	oly with the and accept being filed has been
	gnatu	re of Registered Agent					