

L12000006321 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

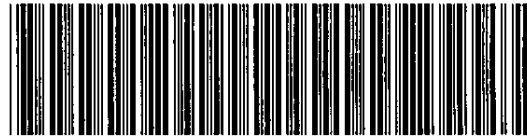
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN - 5 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Frenchesca 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:

Beth Lepretre  
Name of Person

Firm/Company

4366 Ridgemoor Dr.  
Address

Palm Harbor, FL. 34685  
City/State and Zip Code

blepretre23@gmail.com  
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
12 JUN -4 PM 4: 02  
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For further information concerning this matter, please call:

Beth Lepretre at ( 727 ) 785-5135  
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 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: Frenchesca LLC.

2. (a) Principal office address of limited liability company: 1757 Clearwater-Largo Road

**(Note: MUST BE STREET ADDRESS)** Largo, FL 33756

(b) Mailing address of limited liability company: 1757 Clearwater-Largo Road

**(Note: MAY BE POST OFFICE BOX)** Largo, FL 33756

01/12/2012  
3. Date of filing/registration in Florida

L12000006321  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Jean-Claude Lepretre

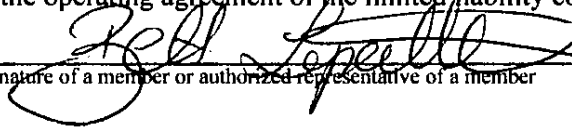
Registered Office Address: 4366 Ridgemoor Dr.  
Palm Harbor, FL 34685

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Beth Lepretre

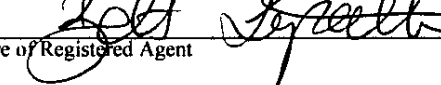
**NEW Registered Office Address:** 4366 Ridgemoor Dr.  
**(MUST BE FLORIDA STREET ADDRESS)** Palm Harbor, FL 34685

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 of a member or authorized representative of a member

Beth Lepretre  
Printed or typed name of signee

*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 608, 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 of Registered Agent

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