## L170000 15750

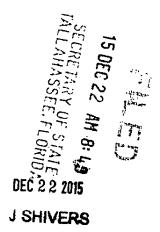
(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900279964969

12/18/15--01018--011 \*\*150.00



## · COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	BJECT: Fran 212, LLC					
	Nan	ne of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
llena	Alvarez	•				
	Name of Person		<del></del>			
I.A. La	aw, PA					
	Firm/Company		<del></del>			
1255	5 Orange Drive, Suite 4069					
	Address					
Davie	e, FL 33330					
	City/State and Zip Code		<del></del>			
ilena(	@ialawpa.com					
Е	-mail address: (to be used for future ann	nual report noti	fication)			
For fur	ther information concerning this matter,	, please call:				
llena .	Alvarez	9 <b>54</b>	399-0749			
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		AILING ADDRESS:			
	Registration Section		Registration Section			
	Division of Corporations	Division of Corporations				
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	<b>☑</b> \$25 Filing Fee	□ <b>\$</b>	55 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

## 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	ame of the limited liability company: Fran 212, LLC	)			
2. (a)	6278 N Federal Highway	(b) (	(b) 6278 N Federal Highway PMB 392		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)_	<del>-</del>	of limited liability company: BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33308	_ F	Fort Lauderdale, F	L 33308	
	1/29/2013		13000015380		
3.	Date of filing/registration in Florida	4.	Document n	umber	
5. (a)	Alan B. Cohn				
	Registered Office Address (MUST BE FLORIDA STREET A  100 West Cypress Creek Road Suite 700	(DDRESS)			
	Fort Lauderdale , FL	33309		<b>15</b> SEC	
(b)	I.A. Law, PA  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered of NEW Reg</u>	Office addre	<u>88</u> :	EC 22 AM 8: 44 TARY OF STATE	
	NEW Registered Office Address:			DA F	
	12555 Orange Drive, Suite 4069	<del></del>		5m 20	
	Davie, FL_	33330			
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability com f the limite limited lial	red office and the bus pany, it is hereby conf d liability company of bility company. Alvarez	iness office of the registered firmed that the change(s)	
I here provisi the oblito mere notified	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	pertorman.	this capacity. I furth ce of my duties, and I	er agree to comply with the am familiar with and accent	

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