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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SHANNON FRANCHISE CONSULTING LLC

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Help

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. N	Name of the limited liability company: SHANNON FRANCHISE CONSULTING LLC				
2. (a)	9804 Royal Lytham Avenue	/h	(b) 9804 Royal Lytham Avenue		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Agailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Lakewood Ranch, FL 34202		Lakewo	ood Ranch, FL 34202	
		-			
	01/22/14		L140000	011631	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.		₩ _E , ≥	
J. (u.	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State		
	5575 S. SEMORAN BLVD.			FII SECHAINI TALLAHAS	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	Į	FILED J-1 P ASSEE.	
	SUITE 36				
	Orlando .FL	32822		STAT LORI	
(b)	Registered Agents Inc.			<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	lress:		
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702	•		
the cha agent was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	he regis pility co the limi imited li	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		,	Printed or typed name of signee	
provis the ob- to mer	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 he d'in writing of this change. Bill Havre - Assistant	erforma for in C ereby co	nce of my a hapter 605, nfirm that i	luties, and Lam familiar with and accept F.S. Or, if this document is being filed	

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Signature of Registered Agent