114000044960

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

Office Use Only



900279078739

11/16/15--01023--014 **25.00

15 NOV 16 PM 2: 09

NOV 1 7 2015 Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	UNITED FRANCHISE HOLDINGS	, LLC				
0020		e of Limite	ed Liab	pility Company		
Dear S	ir or Madam:					
The en	nclosed Registered Agent/Registered Offi	ce Change	and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to	the fo	llowing:		
Attila	Horvath					
	Name of Person			-		
United	Franchise Holdings LLC					
	Firm/Company			-		
2967 N	North Powerline Rd.					
	Address			-		
Pompa	no beach FL 33069					
	City/State and Zip Code			-		
attilah	@unitedwaterrestoration.com					
F	E-mail address: (to be used for future ann	ual report i	notifica	ation)		
For fu	rther information concerning this matter,	please call	:			
Attila l	Horvath	954 at (972-7510		
	Name of Person			Area Code & Daytime Telephone Number		
Registration Section R Division of Corporations D Clifton Building P.		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		
INHS1	8 (2/14)					

TO:

" 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	ame of the limited liability company:	NCHISE H	OLDINGS, L	LC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2967 N. Powerline Rd. Pompano Beach FL 33069	(1	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) owerline Rd. Pompano Beach FL 33069
	03/18/2014		L140000449	060
 (a) 	Date of filing/registration in Florida ANDREW FARBER	4.		Document number
3. (a)	Registered Agent and Registered Office shown on the records of 20283 STATE RD 7 #300	of the Florid	a Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S)</u>	
	BOCA RATON , F	FL_33498		15 NOV 16
(b)	United Water Restoration Group INC.			1255
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	PA 2:		
	NEW Registered Office Address:			- 09 RIBA
	1259 W. Granada Blvd, Suit 202			
	Ormond Beach , I	FL		_
the ch agent was/w the art Sign: I here provis the ob-	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the accept the appointment as registered agent and a cions of all statutes relative to the proper and completing attentions of my position as registered agent as providing the proper of this change.	of the reginal liability consists of the limited	istered office ompany, it is nited liability con liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. **Company of the change of the change of the change of the company with the change of t
By	rely reflect a change in the registered office address, and in writing of this change. Att Cooperation of Registered Agent	I hereby c	confirm that	the limited liability company ha

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