

L15000012870

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVJuice Franchising, 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:

Clarissa Roxberry

Name of Person

LOVJuice Franchising, LLC

Firm/Company

4199 N Dixie Highway Suite 5

Address

Boca Raton, FL 33431

City/State and Zip Code

Franchising@LOVJuice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarissa Roxberry at (561) 674-9288
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 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. Name of the limited liability company: LOVJuice Franchising, LLC

2. (a) 4199 North Dixie Highway (b) 4199 North Dixie Highway

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Suite 5

Suite 5

Boca Raton, FL 33431

Boca Raton, FL 33431

1/21/2015

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3. Date of filing/registration in Florida

4. Document number

5. (a) Painter, James M. Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 20th Place

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Vero Beach, FL 32960

(b) Losowe Capital, Inc.

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

6615 W. Boynton Beach Blvd

NEW Registered Office Address:

Suite 341

Boynton Beach, FL 33437

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.

Clarissa Roxberry
Signature of a member or authorized representative of a member

Clarissa Roxberry

Printed or typed name of signer

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 605, 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.

James M. Painter
Signature of Registered Agent

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