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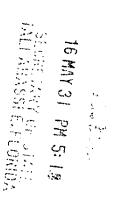
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COVER LETTER

TO: Registration Sec Division of Corp									
SUBJECT: LOVJuice	Franchising, LLC								
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered	Agent/Registered Office	e Change and	fee(s) are submitted for filing.						
Please return all correspondent	ondence concerning this	matter to the	following:						
Clarissa Roxberry									
	Name of Person		naka.						
LOVJuice Franchisir	ng, LLC								
	Firm/Company								
4199 N Dixie Highwa	ay Suite 5								
	Address								
Boca Raton, FL 334	31								
City	/State and Zip Code								
Franchising@LOVJ	uice.com								
E-mail address: (to	be used for future annua	al report notif	ication)						
For further information	concerning this matter, p	lease call:							
Clarissa Roxberry		561	674-9288						
Name o	f Person	\	Area Code & Daytime Telephone Number						
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle	Re Di [,] P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314						
Enclosed is a check for the following amount:									
□ \$25 Filing Fe	e	☑ \$:	55 Filing Fee & Certified Copy						

INHS18 (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. 1	Name of the limited liability company: LOVJuice Fra	nchising	, LLC				
2. (a	4199 North Dixie Highway	(b)	(h) 4199 North Dixie Highway				
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (9).	N	Mailing address of li (Note: MAY BE)			
	Suite 5		Suite 5				
	Boca Raton, FL 33431		Boca Rai	ton, FL 33431	1		
	1/21/2015	L	1500001	2870			
3.	Date of filing/registration in Florida	4.		Document numb	ber		
5. (Painter, James M. Esq.						
J. (Registered Agent and Registered Office shown on the records of the 801 20th Place	the Florida D	Dept. of State	:			
	Registered Office Address (MUST BE FLORIDA STREET A						
	Vero Beach , FL	32960			26	h	
(t	Losowe Capital, Inc.			į		16 MAY	
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:		发킨	()	r F
	6615 W. Boynton Beach Blvd					PM 5:	AN IN THE SECOND
	NEW Registered Office Address:				H 2		• •
	Suite 341				VORINO J.	ua	
	Boynton Beach, FL	33437					
the cagen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the registe ability con of the limit limited lia	ered office npany, it is ed liability	e and the busines is hereby confirm y company or as apany.	ss office red that	e of the the ch	e registered nange(s)
Sig	nature of a member or authorized representative of a member			Printed or typed na	ame of si	gnee	
I he prov the o to me notif	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I lied in writing of this change	ee to act i performand for in Ch hereby con	n this capa ace of my a apter 605, afirm that t	acity. I further a duties, and I a , F.S. Or, if this the limited liabil	agree to familia s docum lity com	comp r with ent is pany	ply with the and accept being filed has been
Sign	Tolus 3 Wall fur	JUX/	-				
	Division of Cornerations P.O. I	Ray 63274	Tallahae	saa FI 37314			

FILING FEE: \$25.00

INHS18 (2/14)