Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC Account Name

Account Number : 110432003053 Phone : (561)694-8107

Pax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE VISA FRANCHISE LLC

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Corporate Filing Menu

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A. LUN

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:	VISA FRANCHISE LLC
2. (a) Principal office address of the limited liability com	pany: 3401 N Miami Avenue Suite 230
(Note: MUST BE STREET ADDRESS)	MIAMI FL 33127
(b) Mailing address of fimited liability company:	3401 N Miami Avenue Suite 230
(Note: MAY BE POST OFFICE BOX)	MIAMI FL 33127
1/1/2016	L15000175150 🔠 . 🙃
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	JP GLOBAL BUSINESS SOLUTIONS BIC
Registered Office Address:	1395 BRICKELL AVE STE 1380
	MIAMI FL 33131
(b) Enter name of NEW Registered Agent and/or NI	
NEW Registered Agent:	Corporate Creations Network Inc.
NEW Registered Office Address;	11380 Prosperity Farms Road #221E
(MUST BE FLORIDA STREET ADDRESS	
	Palm Beach Gardens FL 33410
identical. Or, in the case of a Florida limited liability com-	laws of the State of Florida, it is hereby confirmed that after the change stered office and the business office of the registered agent will be apany, it is hereby confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of organization or
Courtney Nanke, Attorney-in-Fact (Printed or Typed name of signee)	
I hereby accept the appointment as registered agent and a of all statutes relative to the proper and complete perform my position as registered agent as provided for in Chapter in the registered office address, I hereby confirm that the life (Signature of Registered Agent)	gree to act in this capacity. I further agree to comply with the provisions ance of my duties, and I am familiar with and accept the obligations of 605, F.S. Or, if this document is being filed to merely reflect a change imited liability company has been notified in writing of this change. ke, Special Secretary
Division of Corporations, P. (INHS18(1099)	O. Box 6327, Tallahassee, FL 32314
Corporate Creations International Inc.	
11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107	