

L15000184623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

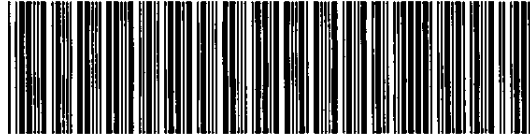
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2015

GARY R WALTER
480 HIBISCUS STREET #439
WEST PALM BEACH, FL 33401

SUBJECT: AXIOM FRANCHISING GROUP LLC
Ref. Number: L15000184623

We have received your document for AXIOM FRANCHISING GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PROVIDE THE NEW REGISTERED AGENT/REGISTERED OFFICE -
THERE ARE NO CHANGES INDICATED ON THIS FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 015A00024302

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axiom Franchising Group, 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:

Gary R Walter

Name of Person

Axiom Franchising Group

Firm/Company

480 Hibiscus St #439

Address

West Palm Beach, FL 33401

City/State and Zip Code

gary@axiomfranchising.com

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

For further information concerning this matter, please call:

Gary R Walter

917

597-3334

at ()

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.

Axiom Franchising Group, LLC

1. Name of the limited liability company: 480 Hibiscus St #439 480 Hibiscus St #439

2. (a) Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
West Palm Beach, FL 33401

(b) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)
West Palm Beach, FL 33401

10/30/2015

L15000184623

3. Date of filing/registration in Florida 4. Document number

United States Corporation Agents, Inc.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oaks Court Suite A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) GARY WALTER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

480 HIBISCUS ST #439
NEW Registered Office Address:

WEST PALM BEACH, FL 33401

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.

Gary R. Walter
Signature of a member or authorized representative of a member

GARY R. WALTER
Printed or typed name of signee

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.

Gary R. Walter
Signature of Registered Agent