

L15000198879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

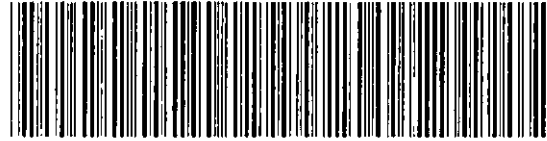
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2023 MAR 31 PM 1:51



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2023 MAR 31 AM 10:37
MICHIGAN OFFICE
TROY, MICHIGAN

ADJUTANT

APR 3 - 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 626681 4800031

AUTHORIZATION :

COST LIMIT :

[Signature]
\$25.00

ORDER DATE : March 31, 2023

ORDER TIME : 10:27 AM

ORDER NO. : 626681-005

CUSTOMER NO: 4800031

CHANGE OF AGENT

NAME: STRETCH ZONE FRANCHISING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stretch Zone 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:

Austin Cade

Name of Person

Princeton Equity Group

Firm/Company

2300 North Field Street, Suite 2130

Address

Dallas, TX 75201

City/State and Zip Code

austin@princetonequity.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy